



## SUNY Korea-FIT Financial Aid Application For Continuing Students

Parent/Guardian Information

Parent/Guardian Last Name		Parent/Guardian First Name	
Preferred Phone	[+ ]( ) -	Email	@
Relationship to Student			
Job Title		Name of Company	
Annual Income (Retirement Income)		\$US	
Deposit in Available Funds		\$US	
No. of Dependents		Yearly Household Living Expenses	\$US
Affirmation	I(Parent/Guardian) affirm that the above information is true and correct, and I authorize the release of the documents presented to the student and/or government officials if requested.		
	Parent/Guardian's Si	gnature	Date

## **\*** Documents Submission:

- ° International: Submission of 1) proof of family relation; 2) proof of refugee record or low-income status
- ° Domestic: Submission of 1) proof of family relation 2); Certificate of Income and Certificate of National Health Insurance Fee; 3) Certificate of National Basic Livelihood Recipients(기초생활수급자증명서-Optional)

