Office of Financial Aid 100 East 8th Street, Suite 230 Holland, MI 49423 P: 616.395.7765 | F: 616.395.7160 finaid@hope.edu hope.edu/financialaid

## **Widowed Parent Disclosure**

2024-2025

Student Name:	Hope College ID	Number:
It is our understanding that your parent veligibility for financial assistance, we need		•
Date parent was widowed:/	_/ Name of surviving parent:	
Submit a signed copy of parent's 2022	and 2023 federal income tax return	with W-2 forms.
Current number in household		
Current total of cash, savings and checking accounts		\$
Current net worth of investments, including real estate		\$
Don't include the home the parent lives in. Net worth is the value of the investments minus any debts owed against them.		
Current net worth of businesses and investment farms		\$
Enter the net worth of the parent's businesses or for-profit agricultural operations. Net worth is the value of the businesses or farms minus any debts owed against them.		
Certifications and Signature  Each person signing below certifies that al information was reported on the FAFSA in you may be fined, sent to prison, or both.	ll of the information reported is complete	•
Parent Signature:	Date Signed:	
(signature mus	t be in ink)	