

This form should be completed by a parent/guardian. You will need information from your income taxes.

Submit only if you wish to be considered for COSMOS financial assistance. Requesting financial assistance will not affect the outcome of your child's COSMOS application. Financial assistance is restricted to California students only. Preference for financial assistance will be given to first-time attendees, but all California students will be considered. DEADLINE: March 15th

STUDENT INFORMATION

First Name	Last Name
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PARENT/GUARDIAN INFORMATION

First Name	Last Name		
Mailing Address	City	State	Zip Code
Phone ()	E-mail	Are you the: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian	

PARENTS ADJUSTED GROSS INCOME (AGI)

2008 forms: 1040 - Line 37; 1040A - Line 21; 1040EZ - Line 4	\$	
Earned by Father/Guardian	\$	
Earned by Mother/Guardian	\$	
ANNUAL SOCIAL SECURITY OR DISABILITY BENEFITS		
Report benefits received by the entire family. Omit educational benefits. Do no report money included in AGI above. . .	\$	
NON-TAXABLE INCOME	\$	
Include any: <ul style="list-style-type: none"> • Untaxed unemployment compensation • Interest and dividend exclusions • Military, or clergy housing allowances • Untaxed portion of capital gains <ul style="list-style-type: none"> • Income from untaxed municipal bonds • Child support • Non-taxable retirement payouts • Non-educational veterans' benefits 		
TOTAL	\$	

Size of Household
 Include parents, all dependent children, and other dependents who you claim.

Number of dependents who will be full-time college students in the fall

Un-Reimbursed Medical Expenses
 Only report if your amount of un-reimbursed expenses is greater than 7.5% of your AGI above. \$

In order to complete this financial aid application you must submit:

1. A copy of 2008 Federal tax forms (please do not include schedules and black out all Social Security Numbers) . You may submit an older tax form as an estimate but a final decision will not be made until you submit the current year's tax forms. If you will not file tax forms, please provide appropriate income documentation.
2. A brief paragraph written by parent/guardian describing any extenuating financial circumstances. ✍
3. Documentation verifying Social Security benefits, if applicable.
4. Documentation verifying un-reimbursed Medical Expenses, if applicable.

I certify that the information reported on this form is accurate to the best of my knowledge.

Parent/Guardian Signature	Date
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