UVA Advance Financial Aid Application

COMPLETE THIS FORM AND SUBMIT IT IN THE ONLINE APPLICATION PORTAL

Priority deadline for financial aid packages: March 1

Student's Full Name:

_____ (LEGAL NAME - PRINT)

first middle last

PLEASE INCLUDE WITH THIS FORM:

- **All W-2 forms received by your parent(s) for the most recent tax season**
- **A copy of your parent(s)' complete income tax return, including all schedules, for the most recent tax season**

For parents who are non-filers: Check box if your parent(s) did **not** file a tax return and were not required to do so. Do not check if your parent(s) filed a US or foreign tax return. Instead, attach the tax return to this form.	☐

PART 1: MARITAL STATUS

Your (student's) marital status:	☐	Unmarried				
	☐	Married/In a domestic partnership. Check box if you are separated but not divorced.				
Are your biological or adoptive parents:	☐	Married	☐	Divorced/ Separated	☐	Never Married
	☐	Widowed	☐	Neither (If so explain)		

PART 2: HOUSEHOLD INFORMATION

Include: Your parent(s) and yourself (the student); your parent(s)' other dependent children (including unborn children) who will receive more than half of their support from your parent(s); and other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to do so from July 1, 2025 through June 30, 2026.

Please note:

- If your parents are married, or unmarried but live together, include both parents in the household
- If your parents are unmarried and do **not** live together, include the parent you lived with more during the last 12 months (your custodial parent). Then, if your custodial parent is remarried, also include his or her current spouse (your stepparent).

How many people live in your parent(s)' household?		
How many members of the household will be college students enrolled at least half-time between July 1, 2025 and June 30, 2026?		
Parent 1:	Relationship to Student:_____	Date of Birth: _____
Parent 2:	Relationship to Student:_____	Date of Birth: _____

Student's Full Name: _____
(LEGAL NAME - PRINT*)* first middle last

PART 3: PARENT ASSET, BUSINESS AND FARM INFORMATION

REPORT ASSET, BUSINESS AND FARM VALUES AS OF TODAY						
Total current balance of your parent(s)' cash, savings, and checking accounts:						$
Total market value of all parent investments (including stocks, bonds, mutual funds, trust funds, and the value of education savings accounts for all children in the household):						$
Net value (present market value minus debt owed) of all **other** real estate (including land and/or buildings) owned by your parent(s): **Do not include the primary residence in which you live.**						$
Do your parents own a business?	☐	Yes	☐	No	If yes, what is the business's net worth?	$
Do your parents own a farm?	☐	Yes	☐	No	If yes, what is the farm's net worth?	$

PART 4: PARENT 2025 INCOME AND BENEFIT INFORMATION

REPORT VALUES RECEIVED (OR PAID) IN CALENDAR YEAR 2025	
Child support your custodial parent(s) <u>received</u> for all children in the household:	$
Housing, food and other living allowances received by members of the military or clergy:	$
Cash assistance from family and friends (including outside the U.S.) received by your parent(s):	$
Other untaxed income (include workers' compensation, disability, Veterans' non-educational benefits, etc.):	$
Child support your custodial parent(s) <u>paid</u> because of divorce or separation (don't include any child support received):	$

Check if anyone in your parent(s)' household received benefits from any of the following programs in 2025 or 2026.					
Supplemental Nutrition Assistance Program (SNAP):	☐	Free or Reduced-Priced Lunch Program:	☐	Temporary Assistance for Needy Families (TANF):	☐
Supplemental Security Income Program (SSI):	☐	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC):			☐

CERTIFICATION STATEMENT: I certify that all the information reported on this form is true, correct and complete to my knowledge. If additional documentation is required, I will submit those documents in a timely manner. I understand that if I purposely give false or misleading information, my scholarship may be terminated.

STUDENT SIGNATURE_____ Date_____

PARENT SIGNATURE _____ Date_____
(Required for dependent students only)