Office of Student Financial Services

North Dakota State University

NDSU Dept. 5240 • 202 Ceres Hall • P.O. Box 6050 • Fargo, ND 58108-6050 1-800-726-3188 or (701) 231-8398 • Fax (701) 231-6126

Small Business Form

Student's Name	Student's ID		
On the FAFSA it states Do not include the value of a small l control and that has 100 or fewer full-time or full time equiv		r your parents) o	wn and
On your FAFSA you included an amount of \$ or investment farm. Please explain below.	for question 43 or 93 for the net w	vorth of a current	t business
Type of business			
Name of owner(s)			
Percentage of ownership and control	-		
Number of employees			
Please complete, sign and return this form to the Office of S questions as to how to complete this form, please call Mary and prompt response. Your financial aid will be on hold untiverified.	at 701-231-8398 for assistance. Thank	you for your coo	peration
By signing this form, you are certifying that the information	reported is true and accurate.		
Student's Signature	D	Oate/	/
Parent's Signature	D	Date/	/