

BU Student's Name: _____ BU ID: U _____
First M.I. Last

CALENDAR YEAR RESOURCES

RESOURCES	ACTUAL 2010
• Parent (Step Parent) #1's Wages: (name) _____	\$
• Parent (Step Parent) #2's Wages: (name) _____	\$
• Student Wages	\$
• Student Spouse's Wages (if applicable)	
• Social Security Benefits	\$
• Child Support Received/Alimony	\$
List Other Taxable Income sources below	
•	\$
•	\$
•	\$
List Other Government Assistance sources below	
•	\$
•	\$
•	\$
List Other Resources below	
•	\$
•	\$
•	\$
TOTAL	\$

If total calendar year expenses exceed total calendar year resources, please provide a detailed explanation of how your family was able to pay for living expenses for the year with the resources reported.

Student's Signature _____ Date: _____

Parent's Signature _____ Date: _____

Complete and return to: Boston University Financial Assistance
 881 Commonwealth Avenue, 5th floor
 Boston, MA 02215

Call: 617-353-2965
 Fax: 617-358-2792
 Email: finaid@bu.edu