Asset Clarification 2013-2014

Student or Parent Name (please print)		Student or Parent Social Security Number	
necessary to include accurate asset	t information for you (if ind		
dependent). To make these chang	es, we are required to have	e the information in writing.	
Please provide the information as	requested below. All iter	ns must be completed, including '0' if	
appropriate.	•		
Assets	Net V	orth at Time FAFSA Was First Completed	
Cash, Savings & Checking	\$		
Net Worth of Investments	\$		
Net Worth of Business/Farm	\$		
	rovided is complete and coud any federal, state, or in	orrect and that no representation is made stitutional aid program. I understand that in ined, be sentenced to jail, or both.	
Student Signature		Date	
Parent Signature		 Date	
RETURN COMPLETED FORM TO:	Mail to: Financial Aid Office Southeast Technical In:	<u>Fax To:</u> 605-367-5980 stitute	
	2320 N Career Ave	Scan and email to:	

Sioux Falls, SD 57107

financialaid@southeasttech.edu