

OFFICE OF STUDENT SERVICES LYONS HALL (800) 294-0294

Student's Name:		Eagle ID Number:	Eagle ID Number:	
*	•	the Office of Student Services that the lication was incomplete or requires of	0 0	
requested below. This completed	d and signed form sho ations, are available a	ou and your parent(s) will need to co ould be returned to www.bc.edu/finait t www.bc.edu/applyforaid. Please no file.	dupload. Detailed	
List all sources of untaxed inco	ome. Do not leave ar	y line blank. Enter zeroes where a	ppropriate.	
Aid to Families withDependent Children (AFDC)	<u>\$</u>	<u>\$</u>	<u>\$</u>	
Alimony Received	<u>\$</u>	X	X	
MusingFood, and Other Living Allowances (to not include food stamps or subsidized housing	<u>\$</u>	<u>\$</u>	<u>\$</u>	
Other (pecify source)	<u>\$</u>	<u>\$</u>	<u>\$</u>	
Parent Sigature: _		Date:		
Student Sigature:_		Date: _		

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