



Office of Financial Aid
601 South Church Street
Winston-Salem, North Carolina 27101
336/721-2808 Fax: 336/917-5584

2017-2018 CLARIFICATION OF ASSET VALUE – DEPENDENT STUDENT

Student Name _____
Last First MI

Student ID _____ Student SSN _____ Date of Birth _____

The information you submitted on your FAFSA regarding assets was either incomplete or potentially incorrect. We need the following asset information for the student and parents. This must be completed and submitted even if the answer is zero. Asset information should be reported to our office in the amounts that were correct *as of the day the original FAFSA was completed.*

STUDENT INFORMATION

Cash, Savings and Checking \$ _____
NET Worth of Investments \$ _____
NET Worth of Business/Farm \$ _____

PARENT INFORMATION

Cash, Savings and Checking \$ _____
NET Worth of Investments \$ _____
NET Worth of Business/Farm \$ _____

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. At least one parent must sign.

Student Signature Date

Parent Signature Date