

STUDENT ASSET CLARIFICATION 2024-2025

| Student Name (please print) | St | udent Social Security Number Or ID# | |
|------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--|
| | t information for you and/or your | partment of Education determined it parent(s) (if dependent). To make these | |
| Please provide the information as appropriate. | requested below. All items must | be completed, including '0' if | |
| Student Assets | Net Worth at | Net Worth at Time FAFSA Was First Completed | |
| Cash, Savings and Checking | \$ | | |
| Net Worth of Investments | \$ | \$ | |
| Net Worth of Business/Farm | \$ | | |
| • | y federal, state, or institutional aid | and that no representation is made with d program. I understand that if I give enced to jail, or both. | |
| Student Signature | Da | te | |
| RETURN COMPLETED FORM TO: | Mail to: Financial Aid Southeast Technical College 2320 N Career Ave Sioux Falls, SD 57107 | Fax to: 605-367-8305 Scan and email to: financialaid@southeasttech.edu | |