



Student's FCC ID#

FINANCIAL AID OFFICE

7932 OPOSSUMTOWN PIKE • FREDERICK, MD • 21702 • (301) 846-2620 • FAX (301) 624-2886

2019-2020 Dependent Asset Letter

Student's First Name

Student's Last Name

| We have received the results of your 2019-2020 Free Application for more questions regarding your assets, or there is a need to review this in until the asset information is verified. Please complete the appropriate completed your 2019-2020 FAFSA and return this form to our office as | nformation. Your eligibility sections below with inform | for financial aid cannot be determine ation that was valid as of the date yo |
|--|---|---|
| REQUEST FOR ASSET INFORMATION | STUDENT | PARENT(S) |
| Answer the three asset questions directly below based on inf 2020 FAFSA. Answer \$0 if you have nothing to report for th | | inal filing date of your 2019- |
| Total amounts in cash, savings and checking: | \$ | \$ |
| Net worth of all current investments (not including | \$ | \$ |
| your family home or retirement accounts): | | |
| Net worth of current <u>investment</u> farms: | \$ | \$ |
| Do you and/or your spouse currently own a business? (circle one) | YES or NO | YES or NO |
| If the answer is "NO", you do not need to complete the box below. | | |
| Percentage of ownership:% Number of employees: | Family owned? | |
| If your business is a family business with 100 or fewer full-time empl | oyees, no additional inform | ation is necessary. |
| If your business does not meet the above criteria, please complete info | ormation below: | |
| Name and address of business: | | |
| Type of Business: Sole Proprietorship Partnership Co | rporation & Type: | |
| Provide name(s) of owners and partners, their relationship to parent (i business): | f parent's business) or stude | ent (if student's |
| Net worth of current business: | \$ | |
| STATEMENT OF CI | ERTIFICATION | |
| I certify that all of the information reported on this worksheet is complete and correct WARNING: If you purposely give false or misleading information on this works | | |
| Student's Signature Date Parent's | s Signature | Date |

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