WAUKESHA COUNTY TECHNICAL COLLEGE

2024-2025 Dependent Student Asset Confirmation Form

Financial Aid Department 800 Main Street, Room C-019 Pewaukee, WI 53072 262.691.5578 (Phone); 262.691.5123 (Fax) money@wctc.edu

Student Information			
First name:Last name:			
Student ID:Da	Date of birth:		
Please fill in the required information:			
As of the date you and your parent signed the FAFSA:		Student	Parent(s)
What was your total balance of cash, savings and checking accounts?		\$	\$
What was the net worth of your investments, including real estate? *		\$	\$
What was the net worth of businesses and/or investment farms? **		\$	\$
*Investments include real estate (do not include the home you live mutual funds, certificates of deposit, stocks, stock options, bonds, oth the refund value of 529 state prepaid tuition plans, installment and lar *Investments do not include the home you live in, the value of life **Business and/or investment farms do not include a farm that y has 100 or fewer full-time or full-time equivalent employees.	er securities, Coverdell savings and sale contracts (including mort insurance, or retirement plans.	accounts, 529 col gages held), com	lege savings plans, modities, etc.
Net Worth is calculated by first determining the Fair Market Value of subtracting from that value any debt you hold against that asset.	of your asset (as of the date you	signed the FAFS	(A) and then
Signatures			
By signing this worksheet, you and your parent(s) certify that all information reported to qualify for federal student aid is complete and correct. Physical signatures are required; Typed signatures are not acceptable.	WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.		
Student signature	Date		
Describeration	Data		

Submit completed form to: WCTC Financial Aid Department Enrollment Center, Room C-019 800 Main Street, Pewaukee, WI 53072 262.691.5123 (Fax), money@wctc.edu

