

Supplemental Income Verification

Income Source

Student _____

Number of dependents _____

Spouse _____

Citizen/Eligible non-citizen International student

Other: _____

Please specify: _____

Monthly Expenses:

Housing (Rent or Mortgage – circle one) \$ _____

Food \$ _____

Utilities:

Electric/gas \$ _____

Home phone/Cell phone \$ _____

Water/Garbage \$ _____

Cable/ Internet \$ _____

Transportation:

Car Payment and Insurance \$ _____

Gas and Maintenance \$ _____

Public Transportation (if applicable) \$ _____

Credit Card \$ _____

Medical \$ _____

Insurance \$ _____

Other: (please specify)

_____ \$ _____

_____ \$ _____

Total \$ _____

How do you plan on financing your education at Sofia University?

What is the amount you have set aside for your education? _____

TRANSFORMATIVE TRANSPERSONAL EDUCATION SINCE 1975

I hereby certify that all information reported on this form and any attachments is true, complete, and accurate. I understand that if this form is incomplete, it will delay review of my scholarship eligibility. False statements or misrepresentation will be cause for denial of scholarship.

Student Signature _____ Date: _____

Printed Name _____



OFFICE USE ONLY

Checklist: ___ FAFSA Completed ___ 30 days Paystub ___ Proof of housing payment

Federal loans borrowed: Stafford _____ PLUS: _____

Received by: _____ Date _____