

2020-2021 Dependent Asset Request Form

Blue Mountain College, Office of Financial Aid, P O Box 160, Blue Mountain, MS 38610

Student Name _____

This is a supplemental request for information that is still needed to complete your Financial Aid File.

Please return the requested information as quickly as possible:

Student's Information:

Cash/Savings/Checking \$ _____

Net Worth of Investments \$ _____

Net Worth of Business/Farm \$ _____

Signature of Student _____

Date _____

Parent's Information:

Cash/Savings/Checking \$ _____

Net Worth of Investments \$ _____

Net Worth of Business/Farm \$ _____

Signature of Parent _____

Date _____