Student Asset Clarification 2019-2020

Student Name (please print)		Student Social Security Number	
necessary to include accurate asse	t information for you and/or	partment of Education determined it your parent(s) (if dependent). To make	
these changes, we are required to	have the information in writi	ng.	
Please provide the information as	requested below. All items	must be completed, including '0' if	
appropriate.			
Student Assets	Net Wor	Net Worth at Time FAFSA Was First Completed	
Cash, Savings & Checking	\$		
Net Worth of Investments	\$		
Net Worth of Business/Farm	\$		
	rovided is complete and corroud any federal, state, or institute.	ect and that no representation is made tutional aid program. I understand that if ed, be sentenced to jail, or both.	
 Student Signature		Date	
RETURN COMPLETED FORM TO:	Mail to: Financial Aid Office Southeast Technical Instit		
	2320 N Career Ave Sioux Falls, SD 57107	Scan and email to: financialaid@southeasttech.edu	