Parent Asset Clarification 2020-2021

Parent Name (please print)		Parent 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 writ	ing.	
Please provide the information as	requested below. All items	must be completed, including '0' if	
appropriate.		, , , , , , , , , , , , , , , , , , , ,	
Parent Assets	Not Wo	rth at Time FAFSA Was First Completed	
Cash, Savings & Checking	\$	til at Tille FAFSA Was Filst Completed	
Net Worth of Investments	\$		
Net Worth of Business/Farm		\$	
	rovided is complete and corr ud any federal, state, or insti	rect and that no representation is made itutional aid program. I understand that if ed, be sentenced to jail, or both.	
Parent Signature		 Date	
RETURN COMPLETED FORM TO:	<u>Mail to:</u> Financial Aid Office Southeast Technical Insti	<u>Fax To:</u> 605-367-8305 tute	
	2320 N Career Ave Sioux Falls, SD 57107	Scan and email to: financialaid@southeasttech.edu	