

**Brody School of Medicine
Office of Student Affairs/Financial Aid**

2009-2010 Student Additional Information Worksheet

Please complete and return this form via mail to: Brody School of Medicine, Office of Student Affairs/Financial Aid, Brody 2S-20, Mail Stop 613, Greenville, NC 27834, via email to bsomstudentaffairs@ecu.edu or via fax to 252-744-3250. If you have any questions, please contact our office at 252-744-2278.

Student Name: _____

Student ECU (Banner) ID: _____

1. Education credits (Hope and Lifetime Learning tax credits) from IRS Form 1040 line 49 or 1040A line 31: \$_____.
2. The amount of child support you and/or your spouse **PAID** in 2008 because of divorce or separation as a result of a legal requirement. Do not include support for children in your household: \$_____.
3. The amount of 2008 taxable earnings from need based employment programs, such as Federal Work Study and need based employment portions of fellowships and assistantships earned by you and/or your spouse: \$_____.
4. Student grant and scholarship aid reported to the IRS in you and/or your spouse adjusted gross income. Include AmeriCorps benefits (awards, living allowances and interest accrual payment), as well as grant or scholarship portions of fellowships and assistantships: \$_____.
5. Combat pay or special combat pay. Enter the amount that was taxable and included in the adjusted gross income. Do not enter untaxed combat pay reported on the W2 (Box 12, Code Q): \$_____.

Student Signature: _____ Date: _____