2023-2024 BUSINESS/SELF-EMPLOYMENT SUPPLEMENT

PLEASE RETURN TO SCHOLARSHIP AND FINANICAL AID OFFICE

		BUSI	NESS INFORMATIO)N	
Name of Business:					
Name of Business Ow	ner:				
Relationship to Student:		Date Business Commenced:			
Business Address:					
	Number		City	State	
Type of Business:	Sole Proprietorship		Corporation	Partnershi	ip
In	dicate Type			No. of Employees	
Percentage of Ownership:		Principal Product or Service:			
If partnership, give na	me (s) of partners and	their percentag	ge of ownership (also, p	lease include form 1	1065 of your IRS partnership ta
return – pages 1-4):	_	_			
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ASSETS AND DEBTS

Assets and debts are-327(_)-6 (_)7(_)-6 (1q0 0 612FeWBT/TT1 99 Tf52.3nBT/TT1 90 Tf52.3nBT/T