

BUSINESS/SELF-EMPLOYMENT SUPPLEMENT

PLEASE RETURN TO SCHOLARSHIP AND FINANICAL AID OFFICE

Student Name:		T#:		Academic Year:	
		BUSI	NESS INFORMATION	ON	
Name of Business:					
Name of Business O	Owner:				
		Date Business Commenced:			
Business Address: _					
	Number	Street	City	State	Zip Code
Type of Business:	Sole Proprietorship		Corporation	Partnersh	ip
	Indicate Type			No. of Employees	
Percentage of Ownership:		Principal Product or Service:			
If partnership, give	name (s) of partners and	their percentag	e of ownership (also, p	olease include form 1	1065 of your IRS partnership tax
return – pages 1-4):					
		AS	SSETS AND DEBTS		
Assets and debts a	are to be reported as o	f the date the s	student applied for fi	inancial aid. Accor	ding to our records, that date is
			••		
					ld expect someone to pay for the ide PRINCIPAL ONLY.

DEBTS