

**Exclusion Statement (Independent)
2008-2009**

UNIVERSITY *of*
INDIANAPOLIS®

Office of Financial Aid

1400 East Hanna Avenue
Indianapolis, Indiana 46227-3697
Phone: (317) 788-3217
Fax: (317) 788-6136
<http://financialaid.uindy.edu>

Student Name _____ SS# or ID# _____
Date of Birth _____ Student ID # _____
E-mail _____ Phone# _____

Please report the amounts that apply to you or your spouse for the following categories. Do not leave items blank. Report "zero" if appropriate.

- 1) Education credits (Hope and Lifetime Learning Tax Credits) from IRS form 1040-line 49; 1040A-line 31 for 2007. \$ _____
- 2) Taxable earnings from Federal Work-Study or other need-based employment portions of fellowships and assistantships for 2007. \$ _____
- 3) Student grant and scholarship aid reported to the IRS in your adjusted gross income. Includes AmeriCorps benefits (awards, living allowances, and interest accrual payments) as well as grant or scholarship portions of fellowships and assistantships. \$ _____
- 4) Did you or your spouse (if applicable) pay child support in 2007? Yes No

If you answered "yes" to Question 4, report below the child support you (or your spouse) paid (not received) because of divorce or separation or as a result of a legal requirement. Report the children for whom you paid support and how much you paid for each child. Don't include support for children in your household as reported on the FAFSA.

Full name	Amount paid in 2007
_____	\$ _____
_____	\$ _____
_____	\$ _____

Student Signature _____ Date _____

Please indicate an address that this form can be mailed to for completion, in the event that the Financial Aid Office determines this form to be incomplete: _____