

BUSINESS/SELF-EMPLOYMENT SUPPLEMENT

PLEASE RETURN TO SCHOLARSHIP AND FINANICAL AID OFFICE

Student Name:		T#:			Academic Year:	
		BUSIN	ESS INFORMATION)N		
Name of Business:						
Name of Business (Owner:					
Relationship to Stud	dent:	Date Business Commenced:				
Business Address:						
	Number	Street	City	State	Zip Code	
Type of Business:	Sole Proprietorship		Corporation	Partnership		
	Indicate Type			No. of Employees		
Percentage of Ownership:		Principal Product or Service:				
If partnership, give	name (s) of partners and	their percentage	of ownership (also, p	lease include form 10	065 of your IRS partnership tax	
return – pages 1-4):						
ASSETS AND DEBTS						
Assets and debts	are to be reported as of	the date the st	udent applied for fi	nancial aid. Accord	ling to our records, that date is	
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	orted at MARKET VAL o sell them in a free mark				d expect someone to pay for the le PRINCIPAL ONLY.	

DEBTS