

Office of Financial Aid Telephone: (415) 257-1350 Fax: (415) 485-3294 50 Acacia Avenue, San Rafael, CA 94901-2298 Email: finaid@dominican.edu

Web site: www.dominican.edu/financialaid

2024-25 Family Expense Form

Student Last Name	Fir	st Name	Middle Initial	Dominican Student ID Number
Street Address	City	State	Zip	Phone Number
	g, utilities, etc.). You	ı may have additi	onal resources (other than	appear to be significant to meet your basic n earnings from employment) that should
necessary. If you are an Inde	ependent student, <i>pla</i> re a Dependent student	ease include only	your expenses and those	NOT leave anything blank. Indicate a "0" is of anyone who lives with you that you one in your parent(s)' household who they
Food Clothing (family) Transportation Car Payment Medical and dental Recreation Other Section 2: Sources of Inc.	eparate) e, electric) enters , life, theft) come and Resour	ces	d other resources used to	Yearly
	e) understand that ij	f I (we) receive fi		is true, complete, and accurate to the best orrect information, I (we) will need to repay
Student Signature				Date
Parent Signature (for dependent undergraduates only)				Date
Parent e-mail address (for fo	allow-up questions)			_