



LAKE FOREST
COLLEGE

2023 - 2024 Undocumented Student Financial Aid Application

This application is for students who are not Illinois residents **and** are neither U.S. citizens nor permanent residents.

Undocumented Illinois residents: complete the Alternative Appl'n for Financial Aid (studentportal.isac.org/alternativeapp)

Do not complete the "FAFSA" (Free Application for Federal Student Aid) in addition to this application.

Most students are required to provide parental information when applying for financial aid. Please contact the Office of Financial Aid before completing this application if you cannot provide this information, or if you believe you should be considered "independent."

Please Print

1. Student's Name: _____ City/State: _____

Email Address: _____ Phone: _____

2. Were you granted Deferred Action for Childhood Arrivals (DACA) status? Yes No

3. If yes to #2, were you also granted Employment Authorization? Yes No

4. SSN (only if you have one; otherwise leave blank): _____ - _____ - _____

5. Student's 2021 income \$ _____

6. Parents' current marital status married or remarried single, separated or divorced

7. Number of family members during the **2023-2024** academic year _____

8. Number of family members who will be in college during the **2023-2024** academic year _____

9. 2021 Work Income, Parent 1 \$ _____

10. 2021 Work Income, Parent 2 \$ _____

11. Will parents' 2023 income be significantly different than 2021? Yes No

12. Total values of parents' current saving, checking, investment accounts \$ _____

Certification: We understand that financial aid eligibility is based on the accuracy of the information provided above.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

If possible, please return as a .pdf by email along with any applicable supporting documents. It may also be faxed or mailed.

Office of Financial Aid ♦ 555 North Sheridan Road ♦ Lake Forest Illinois 60045-2338
www.lakeforest.edu/finaid ♦ finaid@lakeforest.edu ♦ Phone & Fax: 847-735-5103

Office Use Scanned Doc'n Complete: Yes No If "no" when was family notified? ___/___/___ Data Entry Done

IM EFC: _____ Initials/Date: _____/_____/_____