



Office of Financial Aid & Scholarships
316 Boulevard
Anderson, S.C. 29621
864.231.7555
aid@andersonuniversity.edu

2025-2026 Asset Form

Student Name _____

ID or SSN _____

Please provide the following information. If an item does not apply to you, enter "0". **Each blank must have a response.**

	Student (& Spouse if married)	Parent(s) (if dependent)
Current balance of cash, savings, and checking accounts <i>Do not include student financial aid.</i>	_____	_____
Current net worth of investments (Investment value minus investment debt) <i>Do not include the home you live in, the value of life insurance, retirement plans, pension funds, annuities, non-education IRAs, or Keogh plans.</i>	_____	_____
Current net worth of business (Business value minus business debt)	_____	_____
Current net worth of investment farm (Farm value minus farm debt) <i>Do not include a family farm that you live on and operate.</i>	_____	_____
Child support received (Amount received in the last complete calendar year)	_____	_____
Current balance of an Education Savings Account (if you are a parent that has one designated for your dependent student)		_____

Student's Signature _____

Date _____

Spouse's Signature _____
(if married)

Date _____

Parent's Signature _____
(if dependent)

Date _____