



Office of Financial Aid & Scholarships  
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Anderson, S.C. 29621  
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## 2026-2027 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 <b>net worth of investments</b> (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 <b>net worth of business</b> (Business value minus business debt)	_____	_____
Current <b>net worth of investment farm</b> (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 \_\_\_\_\_