



**WNC Financial Assistance**

**2022-2023 Institutional Methodology**

**For FAFSA-Ineligible Students**

<b>Student Name:</b>		<b>NSHE ID:</b>	
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Read through all information and complete this form. Attach the required tax data, then sign and date section four for consideration of institutional need-based financial aid. Make sure to complete **BOTH SIDES** of this form!

**If you are a U.S. Citizen or non-citizen who is eligible to complete the FAFSA, you are not eligible to complete this application. This form allows Western Nevada College to determine financial need for international and other FAFSA-ineligible students.**

***Submitting this application does not guarantee funding. Available funds are awarded on a first-come/first-served basis.***

**Required Documents:**

- Signed copies of your 2020 tax data (and your spouse’s if applicable) from the IRS.
- If you, the student, are unmarried and were born on or after January 1<sup>st</sup>, 1999, you must also provide signed copies of your parents’ 2020 tax data from the IRS.

**SECTION ONE: STUDENT INFORMATION**

Are you a degree seeking student? If yes, indicate what kind of degree program:  Certificate  Associates  Bachelors

What are your living arrangements for the 2022-2023 academic year?  With Parent  Off Campus

**SECTION TWO: HOUSEHOLD INFORMATION**

What is your date of birth? \_\_\_\_\_

If you were born on or after January 1<sup>st</sup>, 1999, what are your parent’s names and dates of birth?

Parent 1: \_\_\_\_\_

Parent 2 (if applicable): \_\_\_\_\_

Are you married?  Yes  No If yes, what is your spouses name? \_\_\_\_\_

Do you have children?  Yes  No

How many people live in your household (this would be your parent’s household if you were born on or after January, 1<sup>st</sup>, 1999)? \_\_\_\_\_

How many people in the above household attend college at least half time? \_\_\_\_\_

**SECTION THREE: TAX FILING STATUS**

<b>STUDENT, select <u>one</u> of the following and <u>submit all required documentation</u>:</b>	<b>PARENT OR SPOUSE, select <u>one</u> of the following and <u>submit all required documentation</u>:</b>
<input type="checkbox"/> A. I will provide the school with a signed copy of my 2020 IRS Tax Return.	<input type="checkbox"/> A. I will provide the school with a signed copy of my 2020 IRS Tax Return.
<input type="checkbox"/> B. I amended my 2020 taxes. If you select this option, you must provide the school with a 2020 IRS Tax Return and a signed copy of the 2020 IRS Form 1040X ("Amended U.S. Individual Income Tax Return") that was filed with the IRS.	<input type="checkbox"/> B. I amended my 2020 taxes. If you select this option, you must provide the school with a 2020 IRS Tax Return and a signed copy of the 2020 IRS Form 1040X ("Amended U.S. Individual Income Tax Return") that was filed with the IRS.
<input type="checkbox"/> C. I was employed in 2020 and was not required to file a 2020 Federal Tax Return. If you select this option, you must list all employer(s) and wages earned on a separate sheet of paper, even if the employer(s) did not issue a W2. This includes wages not reported to the IRS. You must also provide all W2s.	<input type="checkbox"/> C. I was employed in 2020 and was not required to file a 2020 Federal Tax Return. If you select this option, you must list all employer(s) and wages earned on a separate sheet of paper, even if the employer(s) did not issue a W2. This includes wages not reported to the IRS. You must also provide all W2s.
<input type="checkbox"/> D. I was not employed in 2020 and was not required to file a 2020 Federal Tax Return.	<input type="checkbox"/> D. I was not employed in 2020 and was not required to file a 2020 Federal Tax Return.

**SECTION FOUR: CERTIFICATION**

I certify that I am **not** eligible to complete the FAFSA and that the information on this form and in any supporting documents is accurate, true, and complete to the best of my knowledge. I will provide other information as requested by the WNC Financial Assistance Office. I realize that a final decision may not be made unless all steps above are complete and until I submit any additional requested information to determine my financial need. I understand any false information may be cause for denial, reduction, or revocation of financial assistance.

Student Signature (REQUIRED): \_\_\_\_\_ Date: \_\_\_\_\_

Your parent must also certify the above information and conditions if you, the student, are unmarried and were born on or after January 1st, 1999.

Parent Signature (IF REQUIRED): \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT COMPLETED FORM TO THE FINANCIAL ASSISTANCE OFFICE, BRISTLECONE BLDG ROOM 102, OR BY FAX AT 775-445-3058, EMAIL AT [finaid1@wnc.edu](mailto:finaid1@wnc.edu) OR USE THE SECURE DOCUMENT UPLOAD PAGE AT <https://nshe.onbaseonline.com/FormsAppNet/UnityForm.aspx?key=UFKey>**