

Academic Year 2022-2023 (Fall 2022 and Spring 2023

PARENT(S) VERIFICATION WORKSHEET

This form is only required for Medical Students who are financially disadvantaged and are seeking a need-based scholarship. Do not complete this form if only seeking merit scholarships. Merit scholarships for returning students are based on academic standing. Merit scholarships for entering students are offered by the Admissions Committee. No parental information is required for any other financial aid, including merit scholarships, loans, and work-study.

This form is to be completed by the <u>parent(s)</u>. If the parent is single, separated or divorced, each parent must complete a separate form, and at least one parent's information must be reported on the student's 2022-2023 FAFSA.

Note: All BCM students are independent for FAFSA purposes, regardless of whether they are claimed on a parent's tax return. However, BCM requires parental data to determine if a student is from a **disadvantaged** background and will continue to be disadvantaged to be considered for need-based scholarships. All required documents, including parental **2020 1040 IRS Filed Tax Return(s)**, must be submitted **together** online with the BCM Financial Aid Application. Without exception, students will not be considered if parents have non-US tax returns or any information is missing.

This form must be attached with the student's BCM Financial Aid Application along with the signed 2020 US Income Tax Return(s), including all schedules, W-2's and/or 1099's. Additional information may be requested. Do not send this form separately from the online BCM Financial Aid Application.

Student's Name:		I.D. or SSN #:			
PARENTS' TAX FILING STATUS					
Marital Status	Marital Status Date	State of Legal Residency			
PARENT(S) HOUSEHOLD INFORMATION List <u>all members</u> claimed on your IRS Tax Return include yourself and spouse. Do not include <u>other</u> family members living in your home that wer not claimed on your 1040 Tax Return. Additional current BCM students may be included. Please include ages for all members listed.					

Full Name	Age	Relationship	Date of Birth	College Attending: Must be Full-Time during above Academic Year
BCM Student:		Daughter/Son		Baylor College of Medicine
		Self (Parent)		
		Spouse (of Parent)		

Office of Student Financial Aid

Contact: financialaid@bcm.edu, 713-798-4603, Location: Cullen Bldg, Suite 415A

Address: Baylor College of Medicine, One Baylor Plaza MS: BCM 195, Houston, TX 77030

PARENT(S) TAX AND INCOM	IE INFORMATION					
\$		\$				
\$ Self - Total Earn	ings	Spouse -	\$Spouse - Total Earnings			
Attach to the Fina Schedule C- Busin electronically. Check here if you were not If you were not rec	020 U.S. Federal Tax Return ncial Application a signed coless Income), worksheets, We required to file a 2020 U.Squired to file a Tax Return for e (IRS Non-filing Letter).	ppy of your 2020 Federal Tax /2's and/or 1099 statement: 6. Federal Tax Return:	s. Tax returns must be sig	gn, even if filed		
PARENT(S) ASSET INFORMATIO	DN - All assets must be re	eported. Enter zero "0"	if none.			
Total current balance of o	cash, savings, and checking a	ccounts	\$			
Current net worth of inve	estment (investment value m	\$				
Current net worth of bus	iness (business value minus l	business debts)	\$			
		TOTAL:	\$			
By signing below, I certify the eligibility for Baylor College must be used for education	of Medicine institutional					
Father/Stepfather	Date	Mother/Stepmothe	er	Date		
Faxes and separately scann documents are acceptable about the application process.	by mail or in-person. If you	u are having difficulty with		•		
Do not email any document account information, etc. F						

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