Image Code C135

BOSTON COLLEGE 2025-2026 INCOMING STUDENT VALIDATION FORM

It is the policy of both the U.S. Department of Education and Boston College to verify the information on the financial aid application materials. Submit this signed form with all required documentation through the College Board's Institutional Documentation Service (IDOC). In addition, read and complete the voluntary "Title IV Federal Funds Authorization" (available electronically through your Agora Portal account). If you have any questions regarding the Financial Aid process, please contact the Office of Student Services at (800) 294-0294.

1. Student Gene	ERAL INFORMATION					
Student Name						
Social Security Number	r	Eagle ID Number				
	reet	City State Zip				
Permanent Phone Num	nber ()	Spouse's Name				
Student Cellular Teleph	one .()	E-mail: Your BC e-mail account will be used.				
2. PARENT GENER	RAL INFORMATION					
Are your biological/ado	ptive parents:					
🗌 married 🛛 🗌 sepa	arated 🗌 divorced 🗌 unmarried living	together 🛛 unmarried living separately 🗌 widowed				
Custodial Parent This is	the parent and/or stepparent with whom you reside when	not in school. This should be the same as the custodial parent listed on your FAFSA.				
Parent One		Parent Two				
🗌 father 🛛 🗌 stepfa	ther 🗌 legal guardian	🗆 father 🗌 stepfather 🗌 legal guardian				
🗌 mother 🗌 stepm	other 🗌 other	🗆 mother 🗆 stepmother 🗆 other				
Name		Name				
Social Security Number	r	Social Security Number				
Daytime Telephone ()	Daytime Telephone ()				
E-mail		E-mail				
Noncustodial Parent (if	applicable) To be completed if parents are divorced, s	eparated, or unmarried living separately.				
Year of separation: Year of divorce:						
Noncustodial Parent's	Name (if applicable)	Social Security Number				
Noncustodial Parent's	Telephone (if applicable)	E-mail				
Spouse's Name (if app	licable)	Social Security Number				
3. Income Verif	ICATION					
Student: Check (V) Appropriate Box						
	<u>No</u> , I (we) have not and am (are) not required foreign tax return. All W-2 forms received	iired to file a 2023 federal, Puerto Rican, Canadian or any other are attached, if not previously submitted.				
Custodial Parent(s): Check (V) Appropriate Box	Yes, I (we) have filed a 2023 federal, Puerto complete with all schedules and W-2 forms	Rican, Canadian or any other foreign tax return. A signed copy is attached, if not previously submitted.				
	<u>No</u> , I (we) have not and am (are) not required foreign tax return. All W-2 forms received	uired to file a 2023 federal, Puerto Rican, Canadian or any other are attached, if not previously submitted.				

4. Amounts and Sources of Untaxed Income

List the total amounts of all sources of untaxed income received and not reported on a 2023 tax return. If you did work and received a 2023 W-2 or 1099, submit a copy, if not previously submitted. List every employer below even if the employer did not issue an IRS W-2 or a 1099. Do not leave blanks. **Enter "N/A" or zeros where appropriate.**

	Parent(s)		Student		
Income Earned from Work (if return not filed)	Amount: \$	Source:	Amount: \$	Source:	
Aid to Families with Dependent Children (AFDC)	Amount: \$	Source:N/A	Amount: \$	Source: <u>N/A</u>	
Housing and Other Living Allowances	Amount: \$	Source:	Amount: \$	Source:	
Food Stamps	Amount: \$	_ Source:N/A	Amount: \$	Source: <u>N/A</u>	
Alimony	Amount: \$	Source:	Amount: \$	Source:	
Other (specify source)	Amount: \$	Source:	Amount: \$	Source:	
Social Security benefits for all family members in	2023:				
Student			Amount \$		
Parent			_ Amount \$		
Sibling(s)			Amount \$		
Child support received for all children in 2023:					
Person paid to	Child's Name		_ Amount \$		
	Child's Name		Amount \$		
	Child's Name		. Amount \$		
5. Expenses					
Child support paid by the custodial parent in 202		s. Enter "N/A" or zeros	where appropriate.		
Person paid to	Child's Name		Amount <u>\$</u>		
	Child's Name		Amount <u>\$</u>		
	Child's Name		Amount <u>\$</u>		
Alimony paid by the custodial parent in 2023. Per	Amount <u>\$</u>				
Report all elementary, junior high, and high schoo Please do not include college tuition payments.	ol tuition expected to	be paid for the 2025–20	026 academic year for d	ependent children.	
Child's Name			_ Amount \$		
Child's Name			_ Amount \$		
Child's Name			_ Amount \$		

----- NEXT PAGE -----

Student Eagle ID Number _____

6. FAMILY INFORMATION

Family size includes the following:

- The student.
- The student's parents, even if the student is not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- The student's siblings if the following are true:
 - They live with the student's parents (or live apart because of college enrollment),
 - They receive more than half of their support from the student's parents, and
 - They will continue to receive more than half their support from the student's parents during the 2025–2026 award year.
- Other persons if the following are true:
 - They live with the student's parents,
 - · They receive more than half of their support from the student's parents, and
 - They will continue to receive more than half their support from the student's parents during the 2025–2026 award year.

Name	Age	Relationship to Student
1. Boston College Student		Self
2.		
3.		
4.		
5.		
6.		

Check here if there are more than six family members. Please include these family members in the additional information section on page 3.

Will any of the family members listed above attend college in the 2025–2026 academic year? If yes, provide the following information for each family member that will attend college. Include college information only if enrolled at least half-time in a degree granting program (please note, parent's enrollment in college is not considered). If the school or college is undecided, update the Office of Student Services in writing when a decision is made. Verification of sibling(s) enrollment in college for the 2025–2026 academic year will be required in September 2025. Adjustments will be made for siblings whose attendance plans have changed, are considered independent for federal aid, or for whom there is a minimal parent contribution.

Name of Family Member	Name of College	Expected Graduation Year	Full Time or Half Time	Undergrad or Grad	Non-Need Based Aid Amount
1. Student	Boston College				
2.					
3.					
4.					

7. Outside Assistance

Please list the name and annual amount of any outside scholarship or tuition benefit that you have been awarded for the 2025–2026 academic year. Be sure to indicate if the scholarship is renewable for future years. Attach a copy of the notification/award letter. **Outside Scholarship/Resource Information**

Name of Scholarship or Resource	Source/Agency	Amount for 2025–2026	Renewable	
1.			🗌 Yes 🗌 No	
2.			🗌 Yes 🗌 No	
3.			🗆 Yes 🗌 No	

All outside award checks should be sent to Boston College, Office of Student Services, Lyons Hall, 140 Commonwealth Avenue, Chestnut Hill, MA 02467. Please include Eagle ID Number.

Check here if there are more than three outside scholarships. Please include these outside scholarships in the additional information section
on the following page.

Student Eagle ID Number _____

8. Additional Information/Special Circumstances

Use the following space to answer any questions more completely or to explain any special circumstances you wish to bring to the attention of your Financial Aid Counselor. Please be as specific as possible, including dates, dollar amounts, and documentation when appropriate. **If your parent(s) have experienced a loss of job, change of income, etc.,** visit our website at www.bc.edu/undergradaid for additional information.

9. Other

If you are a	nursing stud	dent, have you e	ver received edu	cational financial	assistance f	rom the U.S.	Department of H	ealth and Human
Services?	🗌 Yes	🗌 No						

Are you a member of a religious order (i.e. a man or woman living under religious vows)? If so, which one?

10. STATEMENTS AND SIGNATURES

I, the student, we, the parents, and student's spouse (if applicable) certify that all information presented is correct at this time and that I/ we will send timely notice of any significant change in my/our family situation, family income or assets, or upon receipt of other scholarships or grants. If I am selected as a recipient of a Boston College endowed or donor-sponsored award, I agree to allow the release of pertinent information by college officials. I further agree to the release of any application information to federal and state agencies.

I, the student, affirm that I will be attending Boston College on at least a half-time basis and that I must maintain satisfactory progress in the course of study that I am pursuing according to the standards and practices of Boston College. In addition, I authorize Boston College to retain federal financial aid funds to cover the cost of tuition, fees, room, board, and other costs associated with my attendance at Boston College. If at any time I wish to change this authorization, I understand that I must notify the Office of Student Services in writing of the change.

The student and at least one parent (and the student's spouse, if applicable) must sign this form.

Student's Signature	Parent's Signature
Date	Date
	Parent's Signature
Date	Date

Notice of Nondiscrimination

To read the full Notice of Nondiscrimation, please visit https://www.bc.edu/content/bc-web/offices/human-resources/sites/oid/Policies-and-Compliance/Notice-of-Nondiscrimination.html.