

VASSAR COLLEGE

POUGHKEEPSIE * NEW YORK 12604-0008

Student Financial Services

Email: fnaid@vassar.edu

Fax: (845) 437-5325

2023-2024 International Business Supplement

Student's Name: _____ Applicant ID: _____

The following questions will collect additional information about the business listed on your financial aid application. Please use **2021** information and enter the amounts in the currency in which the business operates. Please indicate that currency: _____

- Date Business Commenced: _____
- Percentage of Business Owned by Parents: _____
- Number of Employees: _____
Of this number, how many are family members? _____
- Type of Business: _____
Describe Product or Service: _____

➤ Please report that reflect only your share of ownership in the business:

- Gross Business Revenues (annual, 2021) _____
 - Business Expenses: _____
(Itemize. Attach a separate sheet if necessary)
- _____
- _____
- _____
- _____

Total Expenses: _____

- Net Profit (Revenue less Expenses): _____
- Business Assets:
 - Cash: _____
 - Other Current Assets: _____
 - Land and Buildings (present market value): _____
 - Equipment/Fixed Assets (fair market value): _____

• Total Business Assets: _____ Total Business Debt: _____

I declare that the information on this form is true, correct, and complete. If requested, I agree to provide documentation to verify information reported.

Father/Stepfather's Signature: _____ Date: _____

Mother/Stepmother's Signature: _____ Date: _____