VASSAR COLLEGE

Email: finaid@vassar.edu

POUGHKEEPSIE * NEW YORK 12604-0008

Student Financial Services

Fax: (845) 437-5325

Date:

2024-2025 International Business Supplement

udent's Name: le following questions will collect additional information a plication. Please use 2022 information and enter the am	about the business listed on your financial aid
erates. Please indicate that currency:	• • • • • • • • • • • • • • • • • • •
Date Business Commenced:	
Percentage of Business Owned by Parents:	
 Number of Employees: Of this number, how may are family members? 	
 Type of Business: Describe Product or Service: 	
 Please report that reflect only your share of ownersh 	ip in the business:
• Gross Business Revenues (annual, 2022)	
 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:
eclare that the information on this form is true, correct, a cumentation to verify information reported.	and complete. If requested, I agree to provide
Father/Stepfather's Signature:	Date:

Mother/Stepmother's Signature: