

Office of Financial Aid Telephone: (415) 257-1350 Fax: (415) 485-3294 50 Acacia Avenue, San Rafael, CA 94901-2298 Email: <a href="mailto:finaid@dominican.edu">finaid@dominican.edu</a>

Web site: www.dominican.edu/financialaid

## 2025-26 Family Expense Form

Student Last Name	First	First Name		Dominican Student ID Number
Street Address	City	State	Zip	Phone Number
	g, utilities, etc.). You	may have additi	onal resources (other th	ot appear to be significant to meet your basic nan earnings from employment) that should
necessary. If you are an Ind-	ependent student, <i>plea</i> are a Dependent stude	ase include only	your expenses and tho	O NOT leave anything blank. Indicate a "0" i se of anyone who lives with you that you ryone in your parent(s)' household who they
Food Clothing (family) Transportation Car Payment Medical and dental Recreation Other Section 2: Sources of Inc.	come and Resourc	es	d other resources used	Yearly   to pay the above expenses for 2023.
	(e) understand that if	I (we) receive fi		to is true, complete, and accurate to the best scorrect information, I (we) will need to repay
Student Signature				Date
Parent Signature (for <b>dependent undergraduates</b> only)				Date
Parent e-mail address (for fo	ollow-up questions)			