

Financial Aid and Scholarships
University of California, Davis
One Shields Avenue
Davis, CA 95616-8596
workstudy@ucdavis.edu

Please upload
application to
Contact An Expert

2022-2023 Financial Aid Work-Study Application
for Undergraduate International Students

If you meet the following criteria you may be eligible for institutional Work-Study funds:

- A UC Davis Undergraduate student
Enrolled at least half-time in a degree seeking program
Have F-1 Visa status

Eligibility for institutional Work-Study is based on need as determined by the information provided below. To apply, please complete the entire form. Do not leave any blanks, as incomplete information will delay the process. For any resources and expenses requested, use U.S. Dollars only. Please include your Student ID on any documents submitted with this application.

NOTE: Any documents in a foreign language must be translated and submitted in English.

A. Student Information

Full Legal Name: Student ID:
Email: Phone:
Local Street Address: City: ZIP:
Date of Birth: Country of Citizenship:
Marital Status: If Married, Spouse's Name:

Please note below where you will live while attending UC Davis (Check only one):

- With parents, relatives, or guardians
Off-campus apartment or house
On-campus housing

Indicate what year you will be enrolled for the 2022-2023 academic year (i.e. 1st year, 2nd year):

PROVIDE A COPY OF BOTH DOCUMENTS:

- I-20: Certificate of Eligibility for Nonimmigrant (F-1) Student Status AND
I-94: Arrival-Departure Record

Social Security Number (if applicable):

B. Student Dependency Status

Answer the questions in this section to determine if you will need to provide parental information.

If you answer "Yes" to any of the questions in this section, go to Section E.
If you answer "No" to every question in this section, continue to Section C.

- 1. Were you born before January 1, 1998?
2. As of today, are you married? (Also answer "Yes" if you are separated, but not divorced.)
3. Do you now have or will you have children who will receive more than half of their support from you between July 1, 2022 and June 30, 2023?
4. Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2023?

Student ID: \_\_\_\_\_

**C. Parental/Guardian Information**

Answer all the questions in Section C even if you do not live with your legal parents (biological and/or adoptive parents). Grandparents, foster parents, legal guardians, aunts and uncles are not considered parents on this form unless they have legally adopted you. If your parents are living and married to each other, answer the questions about them. If your parents are not married to each other and live together, answer the questions about both of them.

**Parent 1** (Indicate if Mother/Father/Stepparent/Guardian)

**Parent 2** (Indicate if Mother/Father/Stepparent/Guardian)

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Please list all relatives, other than your parents, that reside in the United States (use an additional sheet if necessary):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

**D. Parental/Guardian Resources and Expenses**

Please include Resources and Expenses in U.S. Dollars. Report whole dollar amounts with no cents. If the answer is zero or the question does not apply, enter 0. Do not leave any blanks.

1. Enter the number of dependents in your parents' household: \_\_\_\_\_

2. Number of dependents in college: \_\_\_\_\_

a. Colleges attended by dependents:

Name of Dependent: \_\_\_\_\_ Name of College Attending: \_\_\_\_\_

Name of Dependent: \_\_\_\_\_ Name of College Attending: \_\_\_\_\_

Name of Dependent: \_\_\_\_\_ Name of College Attending: \_\_\_\_\_

3. What was your parents' adjusted gross income for 2020? \$ \_\_\_\_\_

4. Enter your parents' income tax for 2020: \$ \_\_\_\_\_

5. How much did Parent 1 (father/mother/stepparent) earn from working in 2020? \$ \_\_\_\_\_

6. How much did Parent 2 (father/mother/stepparent) earn from working in 2020? \$ \_\_\_\_\_

7. As of today, what is your parents' total current balance of cash, savings and checking accounts? \$ \_\_\_\_\_

8. As of today, what is the net worth of your parents' investments, including real estate? \$ \_\_\_\_\_  
Do not include the home in which your parents live. Net worth means current value minus debt.

Student ID: \_\_\_\_\_

- 9. As of today, what is the net worth of your parents' current businesses and/or investment farms? Do not include farms or family businesses with 100 or fewer full-time or full-time equivalent employees. \$ \_\_\_\_\_
- 10. Child support paid because of divorce or separation or as a result of a legal requirement. **Do not** include support for children in your household. \$ \_\_\_\_\_
- 11. Parents' 2020 Untaxed Income (enter the amounts for your parent[s]). \$ \_\_\_\_\_
- 12. Untaxed income not reported above. \$ \_\_\_\_\_

**E. Student and Student's Spouse Information**

If you are single, separated, divorced or widowed, answer only about yourself. If you are married or remarried as of today, include information about you and your spouse. If the answer is zero or the question does not apply to you, enter 0. Do not leave any blanks. Report whole dollar amounts with no cents.

Enter the number of dependents in your household: \_\_\_\_\_

The following questions ask about earnings (wages, salaries, tips, etc.) in 2020. Answer the questions whether or not a tax return was filed. If any individual earning item is negative, do not include that item in your calculation.

- 1. What was your (and spouse's) total gross income for 2020? \$ \_\_\_\_\_
- 2. Enter your (and spouse's) income tax for 2020. \$ \_\_\_\_\_
- 3. How much did you earn from working in 2020? \$ \_\_\_\_\_
- 4. How much did your spouse earn from working in 2020? \$ \_\_\_\_\_
- 5. As of today, what is your (and spouse's) total current balance of cash, savings and checking accounts? Do not include student financial aid. \$ \_\_\_\_\_
- 6. As of today, what is the net worth of your (and spouse's) investments, including real estate? Do not include the home you live in. Net worth means current value minus debt. \$ \_\_\_\_\_
- 7. As of today, what is the net worth of your (and spouse's) current businesses and/or investment farms? Do not include a family farm or family business with 100 or fewer full-time or full-time equivalent employees. \$ \_\_\_\_\_
- 8. Student's 2020 Additional Financial Information (enter the combined amounts for you and your spouse). \$ \_\_\_\_\_
  - a. Education credits. \$ \_\_\_\_\_
  - b. Child support paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in parents' household. \$ \_\_\_\_\_
  - c. Taxable earnings from need-based employment programs, such as Work-Study and need-based employment portions of fellowships and assistantships. \$ \_\_\_\_\_
  - d. Earnings from work under a cooperative education program offered by a college. \$ \_\_\_\_\_
- 9. Student's 2020 Untaxed Income (enter the combined amounts for you and your spouse). \$ \_\_\_\_\_
  - a. Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings). \$ \_\_\_\_\_
  - b. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans. \$ \_\_\_\_\_
  - c. Child support received for any of your children. Do not include foster care or adoption payments. \$ \_\_\_\_\_
  - d. Other untaxed income not previously reported, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts. \$ \_\_\_\_\_
  - e. Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. \$ \_\_\_\_\_

Student ID: \_\_\_\_\_

Please indicate whether your government has imposed restrictions on the exchange and release of funds for study in the United States:

Yes     No

If "Yes" please describe the restrictions: \_\_\_\_\_

\_\_\_\_\_

**F. Disclosures / Signature(s)**

**NOTICE TO APPLICANTS**

The Federal Privacy Act of 1974 requires that you be notified that the disclosure of your Social Security number is mandatory pursuant to the authority of the Regents of the University of California under Art. IX, Sec.9 of the California constitution. This record-keeping system was established prior to January 1, 1975. The Social Security Number is used to verify your identity.

The University of California, in compliance with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 (45 CFR 86), and Sections 503 and 504 of the Rehabilitation Act of 1973, does not discriminate on the basis of race, color, national origin, religion, sex, sexual orientation, or handicap in any of its policies, procedures, or practices; nor does the University, in compliance with the Age Discrimination in Employment Act of 1967 and Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, discriminate in University employment.

In conformance with University policy and pursuant to executive Orders 11246 and 11375, Section 503 of the Rehabilitation Act of 1973, and Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, the University of California is an affirmative action/equal opportunity employer. Inquiries regarding the University's affirmative action/equal opportunity policies may be directed to Human Resources at [hr.ucdavis.edu/Elr/employee/ddeo\\_resources/index.html](http://hr.ucdavis.edu/Elr/employee/ddeo_resources/index.html)

The UC Davis Financial Aid and Scholarships office reserves the right to alter its policies and procedures, as explained in this packet, in accordance with the policies and procedures of the University of California, the State of California, and the U.S. Department of Health, Education & Welfare.

By signing this form, I hereby certify that all the information reported is complete and correct. If married, spouse's signature is optional.

**WARNING:** Purposely giving false or misleading information on this form may result in fines and/or jail time.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN TO THE UC DAVIS FINANCIAL AID AND SCHOLARSHIPS OFFICE AT CONTACT AN EXPERT.  
INCOMPLETE FORMS WILL DELAY THE RELEASE OF THE STUDENT'S FINANCIAL AID.**