



# EDGEWOOD COLLEGE FINANCIAL AID

(P) 608-663-4300 | (F) 608-663-3495 | ecentral@edgewood.edu | 1000 Edgewood College Dr., Madison, WI 53711

## 2025-2026 Alternative Financial Aid Application

Student Name \_\_\_\_\_ Edgewood ID# \_\_\_\_\_

### Student Information

Student Marital Status?  Single  Married/Remarried  Separated/Divorced  Widowed

Student - Total 2023 Income \$ \_\_\_\_\_

Student Current Balance of Cash, Checking, Savings \$ \_\_\_\_\_

### Parent Information

Parent Marital Status?  Single  Married/Remarried  Separated/Divorced  Widowed

Parent 1 - Total 2023 Income \$ \_\_\_\_\_

Parent 2 - Total 2023 Income \$ \_\_\_\_\_

Parent(s) Current Balance of Cash, Checking, Savings \$ \_\_\_\_\_

### Family Information

In the box below, list the people in your household, include:

- Yourself and your parent(s)
- Your parents' other children or other people if they live in your household and your parents will provide more than half their support from 07/01/2025 through 06/30/2026

Full Name	Age	Relationship	College Name (for any household member attending at least 1/2 time between July 1st, 2025, and June 30th, 2026, and will be enrolled in a degree, diploma, or certificate program)
Example: Martha Jones	20	Sister	Edgewood College
		Self	

### Certification

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. At least one parent must sign if dependent. I will provide additional documentation if requested.

\_\_\_\_\_ Date \_\_\_\_\_

Student's Signature

\_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature

Please return this completed form to:  
 Edgewood Central  
 Scan & email: [ecentral@edgewood.edu](mailto:ecentral@edgewood.edu);  
 Fax: 608-663-3495 or  
 Mail to: 1000 Edgewood College Drive,  
 Madison, WI 53711