EDGEWOOD UNIVERSITY FINANICAL AID

608-663-4300 | ecentral@edgewood.edu

2026-2027 Alternative Financial Aid Application

Student Name _____ **Edgewood ID#** _____

Student Information

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

Student - Total 2024 Income $_____

Student Current Balance of Cash, Checking, Savings $_____

Parent Information

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

Parent 1 - Total 2024 Income $_____

Parent 2 - Total 2024 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 07/01/2026 through 06/30/2027

Full Name	**Age**	**Relationship**	**College Name** (for any household member attending at least 1/2 time between July 1st, 2026, and June 30th, 2027, and will be enrolled in a degree, diploma, or certificate program)
Example: Martha Jones	20	Sister	Edgewood University
		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;
Fax: 608-663-3495 or
Mail: 1000 Edgewood College Drive
Madison, WI 53711