

2026-2027 Clarification Form – Student Information

We need to clarify some student information on the financial aid application before we can determine your eligibility. If you have questions, contact us at financialaid@case.edu or 216-368-4530.

First Year and Transfer Applicants: Submit this form via the admission portal checklist - <https://go.case.edu/apply/status>

Current CWRU Students: Submit this form via your My Financial Aid portal - <https://case.edu/financialaid/myfinancialaid>

Student's Last Name	Student's First Name	SIS/PeopleSoft Student ID	Date of Birth

A. Who are the people in your family?		
List all household members, including your spouse, children, and any other dependents whom you will support more than 50% between July 1, 2026 and June 30, 2027. Other dependents must live with you now, and you will continue to provide more than 50% of their support between July 1, 2026, and June 30, 2027.		
Name (attach a separate sheet if more space is required)	Age in years	Relationship to the student
The student		Self

B. Who from Section A will be a college student between July 1, 2026 and June 30, 2027			
Do not include family members who are enrolled in U.S. military service academies. You may include other people only if they will be enrolled at least half-time during the 2026–2027 school year in a U.S. program that leads to a college degree or certificate.			
Name	College/University Name	Full-Time / Half-Time	Year in School
The student	Case Western Reserve University		

C. How much did you earn in 2024?			
Answer this section even if you did not file a tax return. You can find the required information on your W-2 form or on your federal tax return: Form 1040 (line 1) + Schedule 1 (lines 3 and 6) + Schedule K-1 (Box 14, Code A). If any of these amounts are negative, do not include them in your total.			
Student		Spouse (if applicable)	
Amount		Amount	

D. How much untaxed income did you receive in 2024?			
Report untaxed income such as workers' compensation, disability benefits, foreign income, and the untaxed portion of health savings accounts. For HSAs, see IRS Form 1040, Schedule 1, line 13.			
Student		Spouse (if applicable)	
Amount		Amount	

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E. How much of your 2024 taxable income was from taxable college grants and scholarships?			
You reported taxable college grant and scholarship aid as income on your forms, which includes AmeriCorps benefits (such as awards, living allowances, and interest accrual payments) and taxable portions of any fellowships and assistantships you received.			
Student		Spouse (if applicable)	
Amount		Amount	

F. How much child support did you pay in 2024?			
Person who received the payment	Child the payment was made for	Age of the child	Amount

G. How much child support did you receive in 2024?			
Person who made the payment	Child the payment was received for	Age of the child	Amount

I confirm that all information provided on this form and on the Free Application for Federal Student Aid (FAFSA) is accurate and complete to the best of my knowledge. I understand that giving false or misleading information on this form or the FAFSA may result in a fine of up to \$20,000, a prison sentence, or both. ***I also understand that electronic signatures are not accepted.***

Student's Signature	Date
Spouse's Signature (if applicable)	Date