STUDENT-FAMILY FINANCIAL QUESTIONNAIRE
REQUEST FOR APPLICATION FEE WAIVER

Office of Undergraduate Admissions
320 Student Services Building
Knoxville, TN 37996-0230

STUDENT INFORMATION (Please print)

A. Student’s Name ____________________________

B. Student Lives With: Father ___ Stepfather ___ Mother ___ Stepmother ___ Legal Guardian ___
   Self ___ Other Relative ___ Spouse (Married) ___

C. Student’s Income: Veteran Benefits $ ____________________ Summer Work $ ____________________
   Social Security (monthly) $ ____________________ Other (specify source) $ ____________________

Student’s Signature ____________________________ Date __________________

PARENT OR GUARDIAN INFORMATION (To be completed by parent/guardian or head of household)
(Please print)

<table>
<thead>
<tr>
<th>A. Father/Male Head of Household</th>
<th>B. Mother/Female Head of Household</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name __________________________</td>
<td>Name __________________________</td>
</tr>
<tr>
<td>Age __________________________</td>
<td>Age __________________________</td>
</tr>
<tr>
<td>Employed: Y ___ N ___ Unable to Work ___</td>
<td>Employed: Y ___ N ___ Unable to Work ___</td>
</tr>
<tr>
<td>Employer ______________________</td>
<td>Employer ______________________</td>
</tr>
<tr>
<td>Gross Weekly Pay $ _____________</td>
<td>Gross Weekly Pay $ _____________</td>
</tr>
<tr>
<td>Number of dependent children you will claim in the current year as Federal Tax Exemptions _____</td>
<td>Number of dependent children you will claim in the current year as Federal Tax Exemptions _____</td>
</tr>
</tbody>
</table>

C. OTHER FAMILY INCOME RECEIVED (average monthly amounts)

Social Security $ ________ Veteran Benefits $ ________ Unemployment $ ________
Retirement $ ________ Savings/Assets $ ________ Public Assistance/Welfare $ ________
Food Stamps $ ________ Child Support $ ________ Other $ ________ (please indicate below the sources of other income)

THE INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF OUR KNOWLEDGE.

Signature of Parent or Head of Household __________________________

Date __________________