Washington and Lee University International Grant Supplement 2026-27

The W&L grant supplement form is required for all applicants who are not United States citizens or permanent residents and are seeking W&L University need-based grant. This form is part of the complete International need-based grant application and must be submitted, along with the CSS Profile, if you wish to be evaluated for need-based grant eligibility. United States citizens and permanent residents do not need to complete this form. This form may be mailed, or uploaded to the W&L upload site.

Family and Student Data

The W&L International Grant is awarded based on financial need. Therefore, we require accurate and complete information about your family and personal resources. Use the best figures available to you. W&L does expect the student's family to contribute to his/her education to the extent possible.

1.	Full name			Gender	Date of birth	
	Family name	First	Middle			Month / Day / Year
2.	Country of birth			Country of ci	tizenship	
				-	-	
3.	Permanent home address					
		Number and street		City or town	State, province or country	, ,
4.	Permanent home telephone		mber	Email address	s	
		Country code City code Nu	umber			
5.	Father's name				Age	
6	Father's occupation			Fmplover		
0.						
7.	Mother's name				Age	
8.	Mother's occupation			Employer		
9.	Primary source of family inco	ome: Salary/wages	Family-ow	ned business/f	arm 🖾 Other	
10	List wour family's total annu	alincomo in U.C. dollo	na fan tha rra			
10	. List your family's total <u>annu</u>	tai income in 0.5. dona	rs for the yea	ar 2024:		
	Father's Total Earnings (Gross)		US\$		
	Mother's Total Earnings (Gros	ss)		US\$		
	Other income (describe these i	ncome items below*)		US\$		
	Total Gross Income			US\$		
*Description of other income:						
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11. List your family's total annual payments that reduced your total (gross) income in U.S. dollars for the year 2024:

Income taxes paid	US\$
Property taxes paid	US\$
Rent or Mortgage payment	US\$
Health care expenses	US\$
Educational expenses (other than applicant)	US\$
Total Reductions	US\$

12. Does your family employ other people? \Box Yes How many $_$	🗋 No				
13. Do you have money available from sources other than parents? Amount US \$ Source					
14. Are there government restrictions on taking money out of your country for your education abroad?					
If Yes provide details					
15. Enter the value of your savings, investments, retirement account(s) or other assets.					
Parent Cash, Checking account, and/or Savings account.	Total Value: US\$				
Student Cash, Checking account, and/or Savings account.	Total Value: US\$				
Parent Retirement account.	Total Value: US\$				
Personal property value. Auto, boat, jewelry, etc.	Total Value: US\$				

Describe personal property:

16. Enter the expected amount of annual support toward your educational costs from the sources listed below:

	First year	Second year	Third year	Fourth year	Total
Student's assets	US\$	US\$	US\$	US\$	US\$
Family's income	US\$	_ US\$	US\$	US\$	US\$
Family's assets	US\$	US\$	US\$	US\$	US\$
Relatives and friends	US\$	US\$	US\$	US\$	US\$
Student's government	US\$	US\$	US\$	US\$	US\$
Agencies and foundations	US\$	US\$	US\$	US\$	US\$
Other (explain)	US\$	_ US\$	US\$	US\$	US\$
TOTAL	US\$	US\$	US\$	US\$	US\$

16. Please use another sheet to add any comments or explanations regarding the questions above, include any circumstances that impact your family's ability to contribute. Examples would be unusual family medical expenses, debts or support of dependents other than those listed above.

"We declare that the information reported on this form is true, correct and complete and that we will send timely notice of any significant change in family income or assets, financial situation, or of the receipt of other scholarships or grants."

WARNING: Providing false information may jeopardize a student's visa status and/or admission and financial aid status.

Signature of father/stepfather	Date
Signature of mother/stepmother	Date
Signature of student	Date