



**COVID-19 Validation Worksheet**

*Financial Aid*

**2020-21 Academic Year for Undergraduate Newcomb-Tulane College Students**

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**INSTRUCTIONS**

Tulane University is seeking to augment our 2020-2021 academic year financial aid awards for those full-time undergraduates whose families have suffered significant loss in income (defined as a loss of 15% or more of expected 2020 calendar year income) due to economic consequences related to the COVID-19 pandemic.

If your family has been significantly affected, whether or not you have previously completed Tulane's "Undergraduate Newcomb-Tulane College Students' COVID-19 Financial Aid Questionnaire," we now require that you complete this COVID-19 Validation Worksheet and provide all necessary accompanying documentation so that we can confirm the significant loss of income (or significant expenses) that your family has experienced in the 2020 calendar year directly due to the COVID-19 pandemic.

We wish to remind you that this worksheet is solely for the purposes of trying to augment a need-based financial aid award for the 2020-2021 academic year. Therefore, documentation normally required to establish a need-based financial aid review is necessary, and Tulane requires that the following must have already been received by at the financial aid office before we will review this completed worksheet:

- 2020-2021 Free Application for Federal Student Aid (FAFSA)
- If applicable, required federal verification documents
- 2020-2021 College Scholarship Service(CSS) Profile application (NOTE: in separation/divorce situations the non-custodial parent must also complete)
- Signed copies of parents' 2018 federal income tax returns, including all schedules and W-2 forms

You and a parent (if applicable) whose information was reported on the FAFSA and/or CSS Profile must complete and sign this institutional COVID-19 validation worksheet, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about this validation process, please contact us.

***PLEASE DO NOT MAIL OR FAX as the Tulane Financial Aid Office continues to work remotely throughout the summer of 2020; rather, please submit this worksheet by scanning and directly and securely uploading (PDF format only) to our website:***

<https://finaidforms.tulane.edu/Home/Account/Login>

**A. Student's Information (please print)**

\_\_\_\_\_  
Student's Last Name      Student's First Name      Student's M.I.

\_\_\_\_\_  
Student's Tulane ID Number

\_\_\_\_\_  
Student's Street Address (include apt. no.)

\_\_\_\_\_  
Student's Date of Birth

\_\_\_\_\_  
City    State    Zip Code

\_\_\_\_\_  
Student's Email Address

\_\_\_\_\_  
Student's Home or Cell Phone Number (include area code)

\_\_\_\_\_  
Last 4 Digits of Student's Social Security Number

Student's Name: \_\_\_\_\_ Student's Tulane ID Number: \_\_\_\_\_

**B. COVID-19 Financial Impact**

As may have previously been indicated on the "Undergraduate Newcomb-Tulane College Students' COVID-19 Financial Aid Questionnaire," please now provide the information and documentation requested based on the items (1-4) that are listed below and represent a significant loss of income (or increase in expenses) in the 2020 calendar year due to COVID-19. Also, complete the chart in item 5.

1.  Check this box if one or more of your parents were terminated; furloughed; or have had income reduced by their employer(s).

If the #1 box is checked, please **answer the following**:

First Parent's Name: \_\_\_\_\_

Effective Date of termination, furlough, or income reduction: \_\_\_\_\_

Amount of monthly lost income: \_\_\_\_\_

Is impacted first parent receiving unemployment compensation? (Circle correct answer) YES NO

If receiving unemployment compensation, on what date did benefits commence: \_\_\_\_\_

If receiving unemployment compensation, what is the amount of the monthly benefit received: \_\_\_\_\_

If receiving or had received unemployment compensation, on what date will/did benefits end: \_\_\_\_\_

What other income sources are being used at this time: \_\_\_\_\_

**Also attach as applicable, along with the student's identifying information (Tulane ID #):**

- \_\_\_ Copy of parent's most recent pay stub
- \_\_\_ Copy of parent's notice of termination from employer
- \_\_\_ Copy of parent's unemployment compensation to date
- \_\_\_ Detailed narrative of how current expenses are being met and any pending changes to the current financial situation

If a second parent has experienced a similar situation with an employer, then please **answer the following**:

Second Parent's Name: \_\_\_\_\_

Effective Date of termination, furlough, or income reduction: \_\_\_\_\_

Amount of monthly lost income: \_\_\_\_\_

Is impacted second parent receiving unemployment compensation? (Circle correct answer) YES NO

If receiving unemployment compensation, on what date did benefits commence: \_\_\_\_\_

If receiving unemployment compensation, what is the amount of the monthly benefit received: \_\_\_\_\_

If receiving or had received unemployment compensation, on what date will/did benefits end: \_\_\_\_\_

What other income sources are being used at this time: \_\_\_\_\_

**Also attach as applicable, along with the student's identifying information (Tulane ID #):**

- \_\_\_ Copy of parent's most recent pay stub
- \_\_\_ Copy of parent's notice of termination from employer
- \_\_\_ Copy of parent's unemployment compensation to date
- \_\_\_ Detailed narrative of how current expenses are being met and any pending changes to the current financial situation

Student's Name: \_\_\_\_\_ Student's Tulane ID Number: \_\_\_\_\_

**B. COVID-19 Financial Impact (continued)**

2.  Check this box if one or more of your parents are/were self-employed and has experienced lost/reduced income.

If the #2 box is checked, please **answer the following**:

Parent's Name: \_\_\_\_\_

Effective Date of income reduction: \_\_\_\_\_

Amount of monthly lost income: \_\_\_\_\_

What other income sources are being used at this time: \_\_\_\_\_

**Also attach as applicable, along with the student's identifying information (Tulane ID #)::**

\_\_\_ Copy of parent's most recent pay stub or monthly financial records

\_\_\_ Detailed narrative of how current expenses are being met and any pending changes to the current financial situation

If a second parent has experienced a similar self-employment situation, then please **answer the following**:

Second Parent's Name: \_\_\_\_\_

Effective Date of income reduction: \_\_\_\_\_

Amount of monthly lost income: \_\_\_\_\_

What other income sources are being used at this time: \_\_\_\_\_

**Also attach as applicable, along with the student's identifying information (Tulane ID #)::**

\_\_\_ Copy of parent's most recent pay stub or monthly financial records

\_\_\_ Detailed narrative of how current expenses are being met and any pending changes to the current financial situation

3.  Check this box if your family's income has been cut due to significant expenses directly related to the COVID-19 pandemic.

If the #3 box is checked, please **Answer the following**:

Effective Date that significant expenses commenced: \_\_\_\_\_

Amount of monthly expenses: \_\_\_\_\_

Detail what expenses and the respective amount of expenses that will be covered by insurance: \_\_\_\_\_

**Also attach as applicable, along with the student's identifying information (Tulane ID #)::**

\_\_\_ Copy of receipts for expenses unreimbursed by insurance

\_\_\_ Detailed narrative of expenses incurred to date that are directly related to the COVID-19 pandemic

4.  Check this box if there is another event directly related to the COVID-19 pandemic that has negatively impacted your family's financial situation.

If the #4 box is checked, please **answer the following**:

Identify the COVID-19 related event that has significantly negatively impacted your family's financial situation: \_\_\_\_\_

Effective Date of the event: \_\_\_\_\_

Amount of monthly lost income due to the event: \_\_\_\_\_

Is impacted parent receiving unemployment compensation? (Circle correct answer)      YES      NO

What other income sources are being used at this time: \_\_\_\_\_

**Also attach as applicable, along with the student's identifying information (Tulane ID #)::**

\_\_\_ Detailed narrative of the COVID-19 related event that has negatively impacted your family's financial situation

\_\_\_ Copies of any and all documentation to support the impact of the identified event

Student's Name: \_\_\_\_\_ Student's Tulane ID Number: \_\_\_\_\_

**B. COVID-19 Financial Impact (continued):**

5. If you checked any of the four boxes listed above, then complete the following chart:

<i>Estimate to within \$100 accuracy</i>	January 2020	February 2020	March 2020	April 2020	May 2020	June 2020
Total Household Income	\$	\$	\$	\$	\$	\$
Total Household Health Expenses	\$	\$	\$	\$	\$	\$

- Provide any notes you wish to share regarding the Total Household Income data reported above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Provide any notes you wish to share regarding the Total Household Health Expenses data reported above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C. Certifications and Signatures**

Each person signing this worksheet certifies that all of the information reported on this worksheet is complete and correct. The student and one parent whose information was reported on the FAFSA and/or CSS Profile must sign and date. ***You should make a copy of this worksheet for your records.***

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Student's Tulane ID Number

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

*ver. 06/15/20*

Scan and submit this worksheet and all accompanying documentation to: <https://finaidforms.tulane.edu/Home/Account/Login>