

## BUSINESS INFORMATION FORM SCHOOL YEAR 2024-2025

Please complete this form, providing information about the business interest(s) that your family owns. Note that there are multiple boxes provided to report multiple business interests. Please submit another Business Information Form, if you have more than two businesses.

Once, complete please have at least one parent sign this form and upload it through Self Service Banner.

Student's Information							
Student's Name							
	Last Name	First Name		MI	Banner ID	Class Year	
			Business 1				
Name of Business					Date Business Started		
Address of Business							
		Street Address	City/To	City/Township		Zip Code	
Who owns the proper	rty at this address?		_				
Monthly mortgage pa	ayment on the business		\$				
Type of Business	Sole proprietor Corporation Partnership Indicate Type						
Describe principal pro							
# of Employees	List any family m employed at the						
2022 Business Gross Receipts (Income)	\$		2022 Business Expenses	\$			
			Business 2				
Name of Business					Date Business Started		
					-	MM/DD/YYY	
Address of Business							
		Street Address	City/To	City/Township		Zip Code	
Who owns the prope	rty at this address?						
Monthly mortgage pa	ayment on the business		-	\$			
Type of Business	Sole proprietor Corporation Partnership Indicate Type						
Describe principal product or service							
# of Employees	List any family employed at the						
2022 Business Gross Receipts (Income)	\$\$		22 Business Expenses	\$			

Certification and Signature: I certify that the information provided above is true and complete to the best of my knowledge.

Student Signature	Date
Parent Signature	Date
Parent Signature	Date

Please upload this form through Self-Service Banner (SSB) https://selfservice.brown.edu with your Institutional Aid Form, if applicable.

Alpert Medical School ~ Office of Financial Aid ~ Box G-M123 ~ Providence RI 02912 *phone*: 401-863-1142 ~ *email*: MD\_FinAid@brown.edu ~ *fax*: 401-863-5113