



# LEHIGH UNIVERSITY

## Legal Guardianship Clarification Worksheet

Student Name: \_\_\_\_\_ Lehigh Identification Number (LIN): \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Upon review of your application for need-based financial aid, you have indicated that you are under legal guardianship. We understand that every student's situation is unique and we request additional information to process your application.

Student Date of Birth: \_\_\_\_\_

Date of Legal Guardianship: \_\_\_\_\_

State in which Guardianship was established: \_\_\_\_\_

Court document provided: \_\_\_\_\_

If no, please state why: \_\_\_\_\_

### Legal Guardian information

Cash, Checking & Savings Accounts: \$ \_\_\_\_\_

Total Investment Value\*: \$ \_\_\_\_\_

Primary Home Value: \$ \_\_\_\_\_

Primary Home Debt\*\*: \$ \_\_\_\_\_

Other Real Estate Value: \$ \_\_\_\_\_

Other Real Estate Debt: \$ \_\_\_\_\_

Educational Contribution for student: \$ \_\_\_\_\_

\* Do not include formal retirement plan savings. Included in the amount is: trust funds, stocks, stock options, bonds, savings bonds and mutual funds, money market funds, certificate of deposit, Coverdell savings accounts, assets in the sibling(s) name, Section 529 college savings (529 plans owned by a dependent student or one of their parents are considered parental assets) or prepaid tuition plans.

\*\* Include any 2<sup>nd</sup> mortgage and/or HELOC balance.

### Certification and Signature:

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

Legal Guardian Name: \_\_\_\_\_

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit to Lehigh University's Office of Financial Aid via the  
[go.lehigh.edu/finaiddoccenter](https://go.lehigh.edu/finaiddoccenter), by mail, or by fax (610)758-6211.  
You may also contact our office at (610)758-3181 or [financialaid@lehigh.edu](mailto:financialaid@lehigh.edu)