## Yale school of medicine

Financial Aid Office

## **International Business Supplement**

2024 - 2025

STUDENT INFORMATION		
Student's Name:		
Yale ID Number:	Date of Birth:	
Address:		
Address.		
BUSINESS UPDATE		
The following questions will collect additional information and enter the am		l on your Financial Aid
Type of Business:		
Products or Service:		
BUSINESS DESCRIPTIONS		ANSWERS
Date Business Commenced		
Percentage of Business Owned by Parents		%
Number of Employees		
Of this number, how many are family members		
Gross Business Revenues (annual, 2022)		\$
BUSINESS EXPENSES (attach a seperate sheet, if necessary)		
1		\$
2		\$
3		\$
Total Expenses		\$
Net Profit (revenue less expenses)		\$
BUSINESS ASSETS		
Cash		\$
Other Current Assets		\$
Land and Buildings (present market value)		\$
Equipment/Fixed Assets (fair market value)		\$
Total Business Assets		\$
Your Percentage of Assets		%
BUSINESS INDEBTEDNESS		
Total Indebtedness		\$
Parent 1 Signature:	Date:	



Parent 2 Signature: \_\_\_\_\_ Date: \_\_\_\_