DUKE UNIVERSITY MEDICAL CENTER
School of Medicine
Office of Financial Aid

2019 – 2020 International Business Supplement

Student's Name:_____
Last First Middle

The following questions will provide additional information about the business listed on your CSS Profile Application. Use 2017 Income Information and convert dollar amounts in US dollars if this business is not located in the United States.

Please complete one form for each business.

Name of Business:_____
Address of Business:_____
_____

- Date Business Commenced: _____
- Percentage of Business Owned by Parents: _____
- Number of Employees: _____
  Of this number, how many are family members? _____
- Type of Business: _____
- Describe Product or Service: _____
- Gross Business Revenues (annual, 2017) $_____
- Business Expenses: (Itemize on a separate sheet) $_____
- 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 Indebtedness: $_____

Father / Stepfather's Signature:_____ Date:_____

Mother / Stepmother's Signature:_____ Date:_____

• DUMC Box 3067 • Durham, North Carolina 27710 • tel (919) 684-6649 • fax (919) 684-0251
Email: Finanaid-som@dm.duke.edu http://medschool.duke.edu/education/financial-aid-office