

FINANCIAL AID APPLICATION

2009-2010

SECTION A.

GENERAL INFORMATION

1. Name: Mr. Miss Ms Mrs _____
2. Birth Date: ____/____/____ Last First Middle Name
3. Street Address: _____
4. City: _____ State: _____ Zip Code: _____
5. Social Security #: _____
6. Telephone: (If no phone, give a number where messages can be left.) (____) _____
7. Driver's License #: _____ State: _____
8. US Citizen? Yes No, but I am an eligible non-citizen, my Alien Registration Number is A _____; No, I am neither.
9. US Veteran? Yes No If Yes, eligible for benefits? Yes No (enter amount in Section F)
10. Types of financial aid you (your parents) are interested in? grants student employment student loans parent loans
11. Program of Study: _____ Start Date: ____/____/____ Graduation Date: ____/____/____
12. Expected enrollment: full time % time ½ time less than ½ time
13. Where will you be living while at school? parents spouse alone roommate
Mailing Address: (if different from above) _____

SECTION B.

STUDENTS COMPLETE ALL ITEMS

14. Were you born before January 1, 1986?..... 0 Yes 0 No
15. Are you a veteran of the US Armed Forces? 0 Yes 0 No
16. Will you be enrolled in a graduate or professional program? 0 Yes 0 No
17. Are you married?..... 0 Yes 0 No
18. Are you an orphan, a ward of the court, or are both parents deceased?... 0 Yes 0 No
19. Do you have legal dependents (other than a spouse)?..... 0 Yes 0 No
20. Do you have children that you support?..... 0 Yes 0 No
21. Are you currently on active duty?..... 0 Yes 0 No

If you answered YES to any of these questions, you will need to provide information about yourself and your spouse.(Answer questions 22, 30, 32)
If you answered NO to all of the questions, You will need to provide information about yourself and your parents. (Answer questions 23, 31, 32)

SECTION C.

HOUSEHOLD INFORMATION

22. To be completed by Student (and Spouse). Complete, if you answered YES to any questions in Section B.	23. To be completed by Parent. Complete, if you answered NO to all questions in Section B.
Your current marital status: Date: ____/____ <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed	Your parents' current marital status: Date : ____/____ <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed
State of legal residence Date became legal resident: ____/____	State of legal residence: Date became legal resident: ____/____
Number in household in 2009-10 (include you and your spouse):	Number in household in 2009-10:
Number of college students in household in 2009-10:	Number of college students in household in 2009-10:

24. List all members of your parent's household, if you answered NO to all questions in Section B. If you answered YES to any questions in Section B, only list the members of your household. Also write the name of the college for any family member who will be attending college at least-half time between July 1, 2009 and June 30, 2010, and will be enrolled in a degree or certificate program.(Consult the FAFSA for the definition of who may be included.)

Name	Age	Relationship to Applicant	College
		Applicant	

SECTION D.

SPECIAL CIRCUMSTANCES

25. a. If you will drive to school, provide one-way mileage from your residence, during your Attendance, to school: _____
If you will use public transportation, provide one-way cost of bus or train: _____,\$ _____
- b. Provide one-way additional distance to work: _____
- c. Provide one-way mileage from parents' home to school, if you will not live with them: _____
26. For how many dependents will the student pay child care or elderly care.....
Monthly costs\$ _____
27. Are there any unusual medical and dental expenses not paid by insurance?..... Yes No
28. Are there elementary, junior high, or high school tuition costs for other dependent children? Yes No
29. If your (your parents) financial situation for 2009 will change significantly from 2008, please explain. (must provide documentation)

SECTION E.

2008 INCOME

30. To be completed by Student (and Spouse). <input type="checkbox"/> 2008 IRS Form 1040A, 1040EZ, or 1040TEL <input type="checkbox"/> 2008 IRS Form 1040 was or will be filed. <input type="checkbox"/> Estimated 2008 IRS Form 1040A, 1040EZ, or 1040TEL <input type="checkbox"/> Estimated 2008 IRS form 1040 was or will be filed. <input type="checkbox"/> No 2008 IRS Form filed and is not required to be filed.	31. To be completed by Parent. <input type="checkbox"/> 2008 IRS Form 1040A, 1040EZ, or 1040TEL <input type="checkbox"/> 2008 IRS Form 1040 was or will be filed. <input type="checkbox"/> Estimated 2008 IRS Form 1040A, 1040EZ, or 1040TEL. <input type="checkbox"/> Estimated 2008 IRS Form 1040 was or will be filed. <input type="checkbox"/> No 2008 IRS Form filed and is not required to be filed.
2008 Total Number of Exemptions Claimed	2008 Total Number of Exemptions Claimed
2008 Adjusted Gross Income \$ <small>(Form 1040 - line 33; 1040A - line 19; 1040EZ line 4; Telefile - line I)</small>	2008 Adjusted Gross Income \$ <small>(Form 1040 - line 33; 1040A - line 19; 1040EZ - line 4; Telefile - line I)</small>
2008 US Income Tax Paid \$ <small>(Form 1040 - line 51; 1040A - line 33; 1040EZ - line 10; Telefile - line K)</small>	2008 US Income Tax Paid \$ <small>(Form 1040 - line 51; 1040A - line 33; 1040EZ - line 10; Telefile - line K)</small>
2008 Income Earned Credit - Student \$ <small>(Form 1040 - line 59a; 1040A - line 37a; 1040EZ - line 8a)</small>	2008 Income Earned Credit - Father/Stepfather \$ <small>(Form 1040 - line 59a; 1040A - line 37a; 1040EZ - line 8a)</small>
2008 Income Earned Credit Spouse \$ <small>(Form 1040 - line 60a; 1040A - line 38a; 1040EZ - line 8a; Telefile - line L)</small>	2008 Income Earned Credit - Mother/Stepmother \$ <small>(Form 1040 - line 60a; 1040A line 38a; 1040EZ - line 8a; Telefile - line L)</small>

SECTION F.

RESOURCES WHILE IN SCHOOL

32. List below any sources of untaxed income received by you, your parents, or your spouse, if applicable.

Untaxed Income (per month)	Student	Spouse	Parents	Untaxed Income (per month)	Student	Spouse	Parents
Untaxed Social Security Benefits	\$	\$	\$	JTPA	\$	\$	\$
Wages not reported on a tax form	\$	\$	\$	Veteran's educational benefits (Ch. 35)	\$	\$	\$
AFDC or ADC	\$	\$	\$	GI Bill (Chapter 30)	\$	\$	\$
Welfare benefits	\$	\$	\$	VEAP (Chapter 32)	\$	\$	\$
Child Support	\$	\$	\$	Other VA Benefits	\$	\$	\$
Worker's compensation	\$	\$	\$	Other:	\$	\$	\$
Unemployment Compensation	\$	\$	\$	Other:	\$	\$	\$
Vocational Rehabilitation	\$	\$	\$	Other:	\$	\$	\$

If you will not be receiving these amounts each month during your attendance, or if the benefit amount will change, please explain:

SECTION G.

OTHER INFORMATION

33. Have you previously attended or will be attending another college, business school, trade or technical school before or during your attendance at this school? Yes No If yes, complete the following (list any additional schools on a separate sheet.):

Name of School	Address/Telephone Number	Received Financial Aid	Degree Granted	Type of Degree	Dates
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		-
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		-
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		-

THIS APPLICATION IS NOT COMPLETE UNLESS ACCOMPANIED BY

1. FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA).
2. COPY OF YOUR 2008 TAX FORMS YOU FILED.
3. COPY OF YOUR PARENT'S 2008 TAX FORM. IF YOU ANSWERED "NO" TO ALL THE QUESTIONS IN SECTION B.

SECTION H. REGISTRATION CERTIFICATION & STATEMENT OF EDUCATIONAL PURPOSE

All of the information provided by me and any other person on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my US or state income tax return. I also realize that if I do not have proof when asked, student aid may be denied.

By signing below, I agree to the following regarding my financial aid:

1. I agree to notify the financial aid office of any change in my or my family's situation such as name, address, telephone number, Social Security number, marriage, securing employment, or a change in benefits.
2. I certify that the information contained herein is true and correct to the best of my (our) knowledge.
3. I certify that any change in the information on household size, number in postsecondary school, or dependent status that has occurred since application, other than because of change in marital status, are reflected here.
4. I certify that I do not owe a refund on any grant or loan. I am not in default on any Title IV loan programs, at any institution.
5. I certify that I have not borrowed in excess of the Title IV loan limits, at any institution.
6. I declare that I will use all Federal Pell Grants, Federal Supplemental Educational Opportunity Grants (FSEOG), Federal Perkins Loans, Federal Work-Study, Leveraging Education Assistance Partnership (LEAP), Federal Family Education Loan Program (FFELP), Federal PLUS, Federal Direct loan funds awarded me solely for expenses related to attendance at this institution.
7. I authorize do NOT authorize the school to credit Title IV funds to my account for charges in addition to tuition and fees (e.g., books and supplies). Everyone whose information is given on this form should sign below. The student (and at least one parent, if parental information is given) must sign below. By signing this Application, I certify that all of the information reported to qualify for student aid is complete and correct.

WARNING: If you purposely give false or misleading information on this Application, you may be fined, be sentenced to jail, or both

Signature of Student	Date	Signature of Spouse (if applicable)	Date
Signature of Mother/Stepmother (if applicable)	Date	Signature of Father/Stepfather (if applicable)	Date