

2007/08 Springfield College Financial Aid Application

SHS

Name _____

Social Security # _____ - _____ - _____

Student ID# _____

Financial Aid Office
263 Alden Street
Springfield, MA 01109
phone 413-748-3112
fax 413-748-3462
www.spfldcol.edu/shs

1.

Address _____ Home phone (____) ____ - ____

City _____ State ____ ZIP _____ Day phone (____) ____ - ____

Drivers License: State ____ # _____ Cell phone (____) ____ - ____

Email address _____

Are you a U.S. Citizen? Yes No Alien Registration Number _____

Date of Birth ____/____/____ I am: Male Female

I am: Single/Divorced/Widowed
 Separated Married as of: ____/____/____

2.

Will you have your first bachelor's degree **before July 1, 2007**? Yes No

Estimate the number of credits you will register for:
September 2007 _____ January 2008 _____ May 2008 _____

When do you expect to graduate? _____ (Month & Year)

3.

YES NO -Were you born before January 1, 1984?

YES NO -Are you or will you be enrolled in a Master's degree program this year?

YES NO -As of today, are you married or separated?

YES NO -Do you have children who receive more than half their support from you?

YES NO -Do you have other dependents who live with you and receive more than half their support from you?

YES NO -Are both of your parents deceased, or are you or were you (until age 18) a ward/dependent of the court?

YES NO -Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?

YES NO -Are you a veteran of the U.S. Armed Forces?

* If you answered **NO** to all questions, you are considered a *dependent student* and must submit your parent(s) 2006 federal tax return (signed) and provide information on parent(s) household size.

SHS

2007/08 Financial Aid Application

4.

Did you or will you file a federal tax return for the year 2006?

- Yes (Submit a signed copy of your 2006 federal tax return, with W-2s.)
- No, I will not file and **am not required by the IRS to file a 2006 tax return.**

2006 Income: \$ _____ student *[include wages & business income]*
 \$ _____ spouse

Contributions to a tax-deferred savings plan : \$ _____ student
 (located on your W2s, box 12a through 12d, codes D, E, F, G, H, S) \$ _____ spouse

5.

If anyone in your household received the benefit(s) listed below in 2006, please **circle** it:

Food stamps *Free/reduced price lunch* *WIC*

In 2006, did you **receive**: *(If Yes, please list amount for the year)*

<i>Welfare, TANF</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes \$ _____ for the 2006 year
<i>Social Security / SSI</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes \$ _____ for the 2006 year
<i>Child Support</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes \$ _____ for the 2006 year
<i>Worker's Compensation</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes \$ _____ for the 2006 year
<i>Other _____</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes \$ _____ for the 2006 year

6.

Current balance of cash, savings & checking account: \$ _____

Value of investments (do not include retirement funds): \$ _____

If you own a home, please list: Value: \$ _____ Debt Owed: \$ _____
 Purchase price: \$ _____ Purchase year _____

If you own other property, please list: Real estate value: \$ _____ Debt: \$ _____

If you own a business: Net value: \$ _____

SHS

2007/08 Financial Aid Application

Household Family Member Information

7.

List everyone declared as household members on the 2007/08 Free Application for Federal Student Aid. If they will be enrolled in college during the 2007/08 school year, include that information as well.

Include yourself and:

- ♦ Your spouse if married on the day you filed your 2007/08 FAFSA
- ♦ Any other household members (children, etc.) *for whom you provide more than half of their support.*

* *Dependent students* should list parent(s) household information.

NAME	Relationship to student	Age	Are they in college?	If yes, Name of College	Enrolled: Full time or part time
	self		Y N		
			Y N		
			Y N		
			Y N		
			Y N		
			Y N		
			Y N		

8.

In 2006, did you or your spouse, or parent if applicable, **pay child support** for children living in **another** household? Yes No

Child's Name	Age	Total support paid in 2006
		\$
		\$
		\$

SHS

2007/08 Financial Aid Application

9.

List assistance that you will receive to assist with educational expenses in the 2007/08 year:

\$ _____ Veterans benefits	\$ _____ Outside Scholarship
\$ _____ State Rehabilitation/Vocational agency	\$ _____ Americorps
\$ _____ Tuition assistance from your employer	
(\$ _____ Fall 07 \$ _____ Spring 08 \$ _____ Summer 08)	

⇒ You are required to notify the Financial Aid Office of any assistance that you receive for educational expenses as soon as you are aware of the assistance.

If you have additional expenses that are directly related to college, please list them in detail.
(Do not include non-college related costs such as rent/mortgage, car loan, etc.)

Transportation for college:	\$ _____ monthly
Meals while at college:	\$ _____ monthly
Lodging while at college: (Hotel if you travel to school)	\$ _____ monthly
Child care in order to complete college/homework	\$ _____ monthly
Total monthly expenses	\$ _____

Other Information:

If there are other circumstances that you do not feel are reflected by the information you have submitted, you may use the space below or attach a separate signed statement to report additional information. Be as detailed as possible and include specific dates, finances, etc., when providing additional information.

10.

By signing below, the student and/or spouse/parent agree and acknowledge that:
The information provided on this form is complete and accurate to the best of our knowledge; we will notify the Office of Financial Aid of any material changes to the information on this application; we will notify the Office of Financial Aid of any outside aid the student receives, of any reductions or increases to the student's course load from that originally stated, and if the student withdraws from the college; & we understand that unsatisfactory academic progress or failure to fulfill these obligations may result in a discontinuance of any aid awarded.

Student's signature _____ Date _____

Spouse's signature _____ Date _____

Parent's signature (if dependent) _____ Date _____