

2010/11 School of Human Services Financial Aid Application

SHS

Name _____

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

Social Security # _____ - _____ - _____

or

Student ID# _____

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

My marital status is: Single/Divorced/Widowed
 Married
 Legally Separated
 Informally Separated (one of the partners has left the household for an indefinite period and the marriage is severed)

Month & year you were married/separated/divorced/widowed: ____/____.
(effective date of current status)

2.

Will you have your first bachelor's degree **before July 1, 2010**? Yes No

Estimate the number of credits you will register for:

September 2010 _____ January 2011 _____ May 2011 _____

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

3.

Will you receive assistance to assist with educational expenses in the 2010/11 year?

- Veterans benefits
- State Rehabilitation/Vocational agency
- Americorps
- Tuition assistance from your employer
- Outside Scholarship

List amount per term:

\$ _____ Sept 2010 \$ _____ January 2011 \$ _____ May 2011

⇒ 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.

SHS

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4.

Did you or will you file a federal tax return for the year 2009?

Yes

No, I will not file and **am not required by the IRS to file a 2009 tax return.**

2009 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.

In 2009, did you **receive**: *(If Yes, please list amount for the year)*

Child Support No Yes \$ _____ for the 2009 year

Worker's Compensation No Yes \$ _____ for the 2009 year

Veterans noneducation benefits No Yes \$ _____ for the 2009 year

Other _____ No Yes \$ _____ for the 2009 year

If anyone in your household received the benefit(s) listed below in 2009, please **circle** it:

Food stamps *Free/reduced price lunch*

WIC *Supplemental Security Income*

In 2009, did you or your spouse, or parent if applicable, receive combat pay or special combat pay? Yes No

If yes, please send a copy of your W-2 with your tax return to the Financial Aid Office.

6.

In 2009, 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 2009
		\$
		\$
		\$

SHS

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Household Family Member Information

7.

List everyone declared as household members on the 2010/11 Free Application for Federal Student Aid. If they will be enrolled in college during the 2010/11 school year, include that information as well.

Include yourself and:

- ♦ Your spouse if married on the day you filed your 2010/11 FAFSA
- ♦ Any other household members (children, etc.) *if you will provide more than half of their support between July 1, 2010 and June 30, 2011.*

* *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		

You must include the name, age, and relationship of each household member.

8.

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: \$ _____

of Full-time equivalent employees: _____

SHS

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9. 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 _____