

# Alfred University

## Financial Aid Application 2010-11

Student Financial Aid Office  
Alfred University  
One Saxon Drive  
Alfred, NY 14802

PHONE: (607) 871-2159  
FAX: (607) 871-2252  
www.alfred.edu

1. **Name** \_\_\_\_\_  
Last First M.I.

2. **Permanent/Home Address**

\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip  
(\_\_\_\_\_) \_\_\_\_\_  
Home Phone

**Soc. Sec. No.** \_\_\_\_\_

**Email** \_\_\_\_\_

**Cell Phone No.** \_\_\_\_\_  
(Student's)

3. **Housing Plans for 2010-11**

With Parents  Residence Hall  Off-Campus  With Relative (please specify) \_\_\_\_\_

**If off-campus, provide address:** \_\_\_\_\_

4. **Citizenship Status** Are you a U.S. Citizen?  Yes  No

5. **During the 2010-11 academic year, you will be**

New Freshman  Returning Undergraduate  New Graduate  Special Student (non-degree/non-matriculating)  
 New Transfer  Returning Graduate  AU Readmit

6. **If you are a transfer student, indicate how many credits you expect to transfer into Alfred.** \_\_\_\_\_

7. **Academic Major** \_\_\_\_\_

8. **Indicate your intended enrollment status for each semester.**

**Fall 2010**

Full-time  
 Part-time  
 Number of credits? \_\_\_\_\_  
 Co-op  
 Study abroad  
 Not attending

**Spring 2011**

Full-time  
 Part-time  
 Number of credits? \_\_\_\_\_  
 Co-op  
 Study abroad  
 Not attending

**Summer 2011**

Full-time  
 Part-time  
 Number of credits? \_\_\_\_\_  
 Co-op  
 Not attending

9. **Anticipated Graduation Date from Alfred University** \_\_\_\_\_  
Month/Year

10. **Other Financial Aid Resources** For the 2010-11 academic year, will you receive any outside financial assistance such as a private or civic scholarship/grant, non-NY state scholarship/grant, state agency benefits, or tuition benefits from your or your parents' employer?  
 Yes  No If "yes," identify the type below.

Name of award or benefit source	Amount for 2010-11	Confirmed?
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. **Will you receive Veterans Educational Benefits between 7/1/10 and 6/30/11?**  Yes  No

If "yes," specify the type (Chapter) \_\_\_\_\_

12. Are you enrolled/sponsored in the Sage Scholars Inc. Tuition Rewards Program?  Yes  No

13. Other than Alfred University, identify below the last college you attended.

Name of College/State

Dates of Attendance (Mo/Yr to Mo/Yr)

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**For questions 14 through 24, if you are required to report parents' information on the Free Application for Federal Student Aid (FAFSA), you must also provide parents' information where requested in this section. Do not leave any item blank. Enter "0" whenever applicable.**

14. Do your parents own all or part of a business or farm?  Yes  No If "yes," complete a, b, c, d, and e.

a. Type of Business/Farm:  Sole Proprietorship  Partnership  Corporation: Indicate type \_\_\_\_\_

b. Number of employees: \_\_\_\_\_ c. Parent(s) percent of ownership: \_\_\_\_\_

d. If applicable, provide percent owned by others and their family relationship to parents. Percent: \_\_\_\_\_ Relationship: \_\_\_\_\_

e. Farm Owners: Do you live on the farm?  Yes  No

**Note:** Alfred University requires business and farm owners to file a **Business/Farm Supplement Form**, unless annual business activity is reported on Schedule C of the Federal Tax Return. This form is available at [www.alfred.edu](http://www.alfred.edu) or the Financial Aid Office.

15. Are your birth/adoptive parents separated or divorced?  Yes  No If "yes," you must complete the following:

**Note:** Alfred University requires students with separated or divorced parents to file a **Noncustodial Parent's Statement**. This form is available at [www.alfred.edu](http://www.alfred.edu) or the Financial Aid Office.

a. Date of separation \_\_\_\_\_ Month/Year b. Date of divorce \_\_\_\_\_ Month/Year

c. What are the provisions of your parents' separation/divorce agreement pertaining to your college expenses?

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d. Provide the annual amount the **noncustodial** parent will contribute toward educational expenses. \$ \_\_\_\_\_

e. Provide the **noncustodial** parent's name, address, and phone number. \_\_\_\_\_

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f. Provide the **noncustodial** parent's occupation and annual income.

Occupation \_\_\_\_\_ Annual income \$ \_\_\_\_\_

16. Does your custodial parent or stepparent, with whom you live, pay child support to another household?  Yes  No If "yes," complete a, b, and c. Do not include names or amounts for children included in question 17.

a. Name of parent paying child support. \_\_\_\_\_

b. Amount of child support paid in 2009 for all children. \$ \_\_\_\_\_

c. Name of children for whom payments were made. \_\_\_\_\_

**17. Family Member Listing**

a. Provide the following information for **all family members and other people who now live in your household**, and will continue to live there and receive over one-half of their support from the head(s) of the household for the period July 1, 2010 to June 30, 2011. *Include yourself and parents.* Complete college attendance only if the person will be enrolled in a program that leads to a college degree or certificate. Part-time means at least 6 credit hours for one semester during the year.

				2010-11 College Attendance	
Name	Age	Date of Birth	Relationship	Name of College	Full-time/Part-time
			Self		<input type="checkbox"/> FT <input type="checkbox"/> PT
					<input type="checkbox"/> FT <input type="checkbox"/> PT
					<input type="checkbox"/> FT <input type="checkbox"/> PT
					<input type="checkbox"/> FT <input type="checkbox"/> PT
					<input type="checkbox"/> FT <input type="checkbox"/> PT
					<input type="checkbox"/> FT <input type="checkbox"/> PT
					<input type="checkbox"/> FT <input type="checkbox"/> PT
					<input type="checkbox"/> FT <input type="checkbox"/> PT
					<input type="checkbox"/> FT <input type="checkbox"/> PT
					<input type="checkbox"/> FT <input type="checkbox"/> PT

b. Name any family member who will live at home while attending college. \_\_\_\_\_

c. Name any family member who will be enrolled in graduate school. \_\_\_\_\_

d. Specify the type(s) and amount(s) of financial assistance to be received for each family member in 17c.  
\_\_\_\_\_

**18. Home Owners** If you are a dependent student, provide the following for your parents. If you are an independent student, provide the following for yourself and your spouse.

- a. Year purchased \_\_\_\_\_
- b. Purchase price \$ \_\_\_\_\_
- c. Present market value \$ \_\_\_\_\_
- d. Primary mortgage loan balance \$ \_\_\_\_\_
- e. Home equity/second mortgage loan balance \$ \_\_\_\_\_
- f. Monthly home mortgage payment \$ \_\_\_\_\_

**19. Renters** If you are a dependent student, provide your parents' monthly rent payment. If you are an independent student, provide your monthly rent payment.

\$ \_\_\_\_\_

**20. Are you or your parents the beneficiary of a trust or estate?**  Yes  No If "yes," complete the following, **but do not** include this amount in 23 of this form.

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Name of Beneficiary Value of Trust/Estate Annual Income

**21. Breakdown of Federal Tax Return Income**

- If 2009 tax returns are not completed, provide estimates.
- If 2009 tax returns are completed, attach a signed photocopy for both student and parent.

**STUDENT AND SPOUSE**

**PARENTS**

		2009	Estimated 2010	2009	Estimated 2010
<b>a.</b> Wages, salaries, tips (IRS Form 1040-Line 7, 1040A-Line 7, 1040EZ-Line 1, or total of W-2 Forms-Box 1).	Student/Father (Stepfather)				
	Spouse/Mother (Stepmother)				
<b>b.</b> Interest income (IRS Form 1040-Line 8a, 1040A-Line 8a, or 1040EZ-Line 2).					
<b>c.</b> Dividend income (IRS Form 1040-Line 9a or 1040A-Line 9a).					
<b>d.</b> Business and farm income or (loss) (IRS Form 1040-Lines 12 and 18).					
<b>e1.</b> Income or (loss) from rents, partnerships, trusts, S corporations, etc. (IRS Form 1040-Line 17).					
<b>2.</b> Box 14 of IRS Schedule K-1 (Form 1065)					
<b>f.</b> Other taxable income such as alimony received, capital gains or (losses), pensions, unemployment compensation, social security, etc. (IRS Form 1040-Lines 10, 11, 13, 14, 15b, 16b, 19, 20b, and 21 or 1040A-Lines 10, 11b, 12b, 13, and 14b or 1040EZ-Line 3).					

**List the 1040/1040A line numbers, sources and amounts below.**

Line Number & Source	Amount			
_____				
_____				
_____				
<b>g.</b> IRA and self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040-total of Lines 28 and 32 or 1040A-Line 17.				
<b>h.</b> Tax-exempt interest income from IRS Form 1040-Line 8b or 1040A-Line 8b.				
<b>i.</b> <b>Untaxed</b> portions of IRAs and pensions from IRS Form 1040-Lines 15a minus 15b and 16a minus 16b or 1040A-Lines 11a minus 11b and 12a minus 12b. Exclude "rollovers."				
<b>j.</b> Foreign income exclusion from IRS Form 2555-Line 45 or 2555 EZ-Line 18.				
<b>k.</b> Education credits from IRS Form 1040-Line 49 or 1040A-Line 31.				

**22. Non-Taxable Income Breakdown**

**STUDENT AND SPOUSE**

**PARENTS**

		Estimated		Estimated
	2009	2010	2009	2010

**a.** Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings). Include amounts reported on W-2 Form in Boxes 12a through 12d, codes D, E, F, G, H, and S.

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**b.** Untaxed Social Security benefits. Report amount received for the student in the student column. Report the amount received for the parents and all other dependent children in the parents column. Include Supplemental Security Income. Do not include any amount reported as taxable on the IRS Form 1040-Line 20b or 1040A-Line 14b.

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**c.** Welfare benefits, including Temporary Assistance for Needy Families (TANF). Report cash payments only. Do not report housing subsidies or food stamps.

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**d.** Child support received for all children.

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**e.** Veteran's noneducation benefits. Include Disability, Death Pension, Dependency & Indemnity Compensation (DIC), and VA Educational Work Study.

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**f.** All other non-taxable income not reported elsewhere on this form. Include worker's compensation; disability; housing, food and living allowances paid to members of the military, clergy, and others (Include cash payments and cash value of benefits. Do not include the value of on-base military housing or basic military allowance for housing.); untaxed pensions, retirement, and IRA distributions not reported in 21i of this form. **List the sources and amounts below.**

**Source**

**Amount**

_____				
_____				

**23. Breakdown of Parents'/Student's Assets**

**STUDENT AND SPOUSE**

**PARENTS**

**a.** Cash, savings, and checking accounts.

\$ _____	\$ _____
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**b.** Non-real estate investments. Include UGMA and UTMA accounts, money market funds, mutual funds, certificates of deposit, stocks, stock options, bonds, other securities, installment and land sale contracts (including mortgages held), commodities, etc. Do not include the value of life insurance, retirement plans (non-education IRAs, pension funds, annuities, Keogh plans, etc.), prepaid tuition plans, or amounts reported in 23a.

\$ _____	\$ _____
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**c.** If you are the account owner of an education savings account (Coverdall savings accounts, 529 college savings plan and refund value of 529 state prepaid tuition plans), provide the value. Otherwise, enter "0".

\$ _____	\$ _____
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24. **Other Real Estate Owned** Dependent students provide the following for your parents. Independent students provide the following for yourself and your spouse. Include rental property, land, vacation homes, and second homes. Report amounts for your percentage of ownership. **Do not include the family's primary residence.** Enter "0" if no other real estate is owned.

Market Value	Debt	Purchase Price	Year Purchased	Address
\$ _____	\$ _____	\$ _____	_____	_____
\$ _____	\$ _____	\$ _____	_____	_____
\$ _____	\$ _____	\$ _____	_____	_____

25. **Do you expect that your or your parents' total 2010 income will be significantly less than 2009 income?**  Yes  No

If "yes," attach to this form an explanation of why family income will be less for 2010 and be sure to complete the 2010 estimated income column for numbers **21 and 22** on this application.

26. **Special Family Circumstances**

If your family has extraordinary or unusual circumstances which could possibly affect the resources available for educational expenses, provide a complete explanation on a separate page and attach it to this application.

27. **Have you filed the Free Application for Federal Student Aid?**  Yes  No Date filed \_\_\_\_\_  
(You may file at [www.fafsa.ed.gov](http://www.fafsa.ed.gov))

**SIGNATURES, CERTIFICATION, AND AUTHORIZATION**

Signatures are required of **all** persons for whom information is submitted on the Alfred University Financial Aid Application and Free Application for Federal Student Aid. Parent signatures are required for dependent students. If the student is married, the student's spouse must also sign.

- I (We) certify that all of the information on this form and any other form submitted in application for financial aid administered by Alfred University is true and complete to the best of my (our) knowledge, and agree to provide proof, if requested by an appropriate Alfred University employee. I (We) also realize that if I (we) do not provide proof when asked, the student may be denied aid.
- I (We) agree to immediately report any changes in the information reported on the Alfred University Financial Aid Application and Free Application for Federal Student Aid to the Alfred University Student Financial Aid Office. This includes, but is not limited to, changes in parents', student's, and spouse's income, household size, number of college students; and student's address, enrollment status, and housing status.
- I (We) agree to immediately report any non-Alfred University scholarships, grants, or tuition assistance received by the student to the Alfred University Student Financial Aid Office.
- I (We) authorize the Alfred University Student Financial Aid Office to release to the U.S. Department of Education, the student's home state scholarship/grant agency and/or any lending institution or guarantee agency through which the student obtains a federal or other educational loan, any information in the student's financial aid and academic records which bears upon his/her eligibility for assistance or is required to administer his/her financial aid.
- If selected for an Alfred University scholarship, I understand Alfred University may announce my name and scholarship award for public relation purposes (example: home town media) or to the donor of endowed and funded awards.

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Spouse's Signature Date

\_\_\_\_\_  
Father's (Stepfather's) Signature Date

\_\_\_\_\_  
Mother's (Stepmother's) Signature Date

(\_\_\_\_\_) \_\_\_\_\_  
Father's (Stepfather's) daytime or cell phone number

(\_\_\_\_\_) \_\_\_\_\_  
Mother's (Stepmother's) daytime or cell phone number