



## 2017 Application for Financial Aid Deadline June 1, 2017

**Please include copies of your (and/or your partner's) tax returns for the last year, including copies of your W-2.**

Program: \_\_\_\_\_ Diversity & Social Work Program:  Y  N

Academic Year: \_\_\_\_\_ Amount of Financial Aid Requested: \_\_\_\_\_

### Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How do you identify racially/ethnically? \_\_\_\_\_

Employment Status:  Full-Time  Part-Time  Student  Self-Employed  
 Unemployed

Current Employer	Job Title	Employment Dates	Duties/Skills	Salary

Previous Employer	Job Title	Employment Dates	Duties/Skills	Salary

**Partner Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employment Status:  Full-Time       Part-Time       Student       Self-Employed  
 Unemployed

<b>Current Employer</b>	<b>Job Title</b>	<b>Employment Dates</b>	<b>Duties/Skills</b>	<b>Salary</b>

**Children**

<b>Name</b>	<b>Age</b>	<b>School</b>	<b>Tuition</b>	<b>Financial Aid Received</b>

**Applicant and Partner Income Information**

Do you file a federal income tax return?       Yes       No

Does the partner file a federal tax return?       Yes, files jointly with applicant  
 Yes, files separately from applicant       No, does not file

Taxable Income

Applicant's Annual Salary: \_\_\_\_\_

Partner Salary: \_\_\_\_\_

Interest/Dividend Income: \_\_\_\_\_

Alimony Received: \_\_\_\_\_

Other Taxable Income: \_\_\_\_\_

Total: \_\_\_\_\_

Non-Taxable Income

Child Support Received: \_\_\_\_\_ Social Security Benefits: \_\_\_\_\_

Other Non-Taxable Income: \_\_\_\_\_ Total: \_\_\_\_\_

**Applicant and Partner Expense Information**

Do you rent or own your primary residence?  Rent  Own  Other

Monthly rent or mortgage payment (include principal, taxes and home insurance): \_\_\_\_\_

Monthly home equity payments: \_\_\_\_\_

Monthly child support payments (applies only to payments made and not received): \_\_\_\_\_

Total annual child/day care expenses: \_\_\_\_\_

**\*Do not include balances that are paid in full each month**

Total Credit Card Debt	Total of Minimum Due on Monthly Credit Card Statements	Total Student Loan(s) Balance	Total Monthly Payments for Student Loan (s)

**Required Information and Authorization**

Please include copies of your (and/or your partner's) tax returns for the last year, including copies of your W-2.

Submission of this application does not guarantee receipt of financial aid. The Ackerman Institute for the Family assumes no liability whatsoever should financial aid be denied for any reason. Data collected on this application will not be shared with any third parties.

I (we) acknowledge that the information provided on this form is true, correct, and complete to the best of my (our) knowledge, and that I am (we are) authorized to sign this form and to disclose this information:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner Signature

\_\_\_\_\_  
Date

**Please use the space below to provide any further information that you think would be helpful to the evaluation of your application (e.g change in household income, medical bills, etc):**