



Application for Financial Aid

Program: _____

Diversity & Social Work Program: Y N

Academic Year: _____

Amount of Financial Aid Requested: _____

Applicant Information

Name: _____

Address: _____

Phone: _____

Email: _____

Date of Birth: _____

Social Security Number: _____

Marital Status: _____

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

___ Unemployed

Current Employer: _____

Position Held: _____

Dates of Employment: _____

Previous Employment: _____

Position Held: _____

Dates of Employment: _____

Salary: _____

Spouse/Co-Applicant Information

Name: _____

Address: _____

Phone: _____

Email: _____

Date of Birth: _____

Social Security Number: _____

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

Current Employer: _____

Position Held: _____

Dates of Employment: _____

Previous Employment: _____

Position Held: _____

Dates of Employment: _____

Salary: _____

Children:

<u>Name</u>	<u>Age</u>	<u>School</u>	<u>Tuition</u>	<u>Financial Aid Received</u>
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Applicant & Spouse/Co-Applicant Income Information

Do you file a federal income tax return? Yes No

Does the co-applicant 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: _____

Spouse/Co-Applicant Salary: _____

Interest/Dividend Income: _____

Alimony Received: _____

Other Taxable Income: _____

TOTAL: _____

Non-Taxable Income

Child Support Received _____

Social Security Benefits _____

Other Non-Taxable Income _____

TOTAL: _____

Do you anticipate any change in your household income this year? Yes No

If yes, please describe any changes in your income for yourself and or spouse/co-applicant.

Applicant & Spouse/Co-Applicant 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: _____

Total Credit Card Debt (do not include balances that are paid in full each month):

Total of minimum due on monthly credit card statements: _____

Total Student Loan(s) Balance: _____

Total monthly payments for Student Loan(s): _____

Do you have other monthly loan payments (do not include living expenses)? Yes No

Loan Description

Loan Balance

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

Total annual child/day care expenses: _____

Required Information & Authorization

Please include copies of your (and/or your spouse's) tax returns for the last year (including copies of your W-2's and/or 1099's).

Submission of this application does not guarantee receipt of financial aid. 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

Spouse/Co-Applicant Signature

Date

Please use this space below to provide any further information that you think would be helpful to the evaluation of your application: