

**2018 Application for Financial Aid
Deadline June 11, 2018**

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

Program: _____ Are you a graduate of the Social Work & Diversity 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

Current Employer	Job Title	Employment Dates	Duties/Skills	Salary

Children

Name	Age	School	Tuition	Financial Aid Received

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):