

## 2019 Application for Financial Aid

**Email completed form to: admissions@ackerman.org with the subject: "Financial Aid Application"**

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

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

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):