

HOBART AND WILLIAM SMITH COLLEGES

Transfer & Life Long Learner Financial Aid Application 2009-2010

Return to:
Office of Financial Aid Services and Student Employment
Hobart and William Smith Colleges
Geneva, NY 14456

**DUE in the Office of Financial Aid:
2 weeks after receipt of this
document**

* Required of dependent students only.

Applicant's Legal Name _____ SS# _____

Home Address _____
Street City State Zip

Home Phone(____)_____ *Mother's Work Phone (____)_____ *Father's Work Phone (____)_____

Year in School 2009-2010 **Fr So Jr Sr** Religious Affiliation _____ Overall GPA _____
(circle one)

Campus/cell phone number _____ Campus P.O. Box Number _____

Student Work Experience (Indicate positions held)

Awards, Prizes, Honors

First Year:

Sophomore Year:

Junior Year:

Extra Curricular Activities (give details)

List all outside grants, scholarships, and/or tuition benefits and amounts that you will receive for 09-10:

INCOME INFORMATION

Student Status:

_____ Filed or will file a 2008 Federal Income Tax Return
(mail a ~~signed~~ copy and W2s to the Office of Financial Aid)

_____ Not Required to File a 2008 Federal Income Tax Return

Total Wages \$ _____ **Federal Work Study Earnings \$** _____

***Parent Status:**

_____ Filed or will file a 2008 Federal Income Tax Return
(mail a ~~signed~~ copy and W2s to the Office of Financial Aid)

_____ Not Required to File a 2008 Federal Income Tax Return

Total Wages \$ _____ **(father)** **Total Wages \$** _____ **(mother)**

If you or your parents did not keep a copy of the tax return, request a RTFTP printout or Letter 1722 from the Internal Revenue Service at (800) 829-1040 or request a copy of the tax return from your tax preparer.

Other Untaxed Income

(Enter dollar amounts or zeros – DO NOT LEAVE BLANK)

***Parent(s)**

Total Child Support Received _____
Total Child Support Paid Out _____
Social Security Benefits _____
Welfare Benefits _____
Housing Allowances _____
Other Non-taxable Income _____

Student (independent students include spouse)

Social Security Benefits _____
Other Non-taxable Income _____

Box 14 on your W2 form: Is this contribution voluntary, involuntary or blank? _____

HOUSEHOLD SIZE List ALL family members including yourself, your parent(s), siblings, spouse, children, others who live at your permanent address and receive more than 1/2 of their support from you or your parent(s). Use additional paper if necessary.

Name	Age	Relationship	Name of College Attending 2009–2010 (at least half time)	College Enrollment (circle one)
				1/2 3/4 E/T
				1/2 3/4 E/T
				1/2 3/4 E/T
				1/2 3/4 E/T
				1/2 3/4 E/T
				1/2 3/4 E/T

WARNING: if you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

SIGN THIS WORKSHEET

Student Date

*Parent (at least one parent must sign for dependent students) Date