

# 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)

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### Awards, Prizes, Honors

First Year:

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Sophomore Year:

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Junior Year:

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### Extra Curricular Activities (give details)

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

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**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 <b>E/T</b>
				1/2 3/4 <b>E/T</b>
				1/2 3/4 <b>E/T</b>
				1/2 3/4 <b>E/T</b>
				1/2 3/4 <b>E/T</b>
				1/2 3/4 <b>E/T</b>

**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