HOBART AND WILLIAM SMITH COLLEGES

Return to:
Office of Financial Aid Services and Student Employment
Hobart and William Smith Colleges
Geneva, NY 14456
Phone: (315) 781-3315
Fax (315) 781-4048

Graduate Student Financial Aid Application 2010-11

DUE: April 15, 2010

Applicant's Legal Name_____ SS #_____

Home Address_____
Street City State Zip

Home Phone (_____)_____ Cell / Work Phone (_____) _____

INCOME INFORMATION

Student Status:

___ Filed or will file a 2009 Federal Income Tax Return
(mail a signed copy to the Office of Financial Aid)

___ Not Required to File a 2009 Federal Income Tax Return

Total Wages $ _____

Work Study Earnings $ _____

If you 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.

Dollar Amounts of Non-taxable Income

(Do Not Leave Blanks)

Student Non-taxable Income

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

HOUSEHOLD SIZE —List ALL family members including yourself who live with you and receive more than 1/2 of their support from you. Use additional paper if necessary.

Name	Age	Relationship	Name of College Attending 2009–2010 (at least half time)	College Enrollment (circle one)
				½ ¾ F/T
				½ ¾ F/T
				½ ¾ F/T
				½ ¾ F/T
				½ ¾ F/T
				½ ¾ F/T

SIGN THIS WORKSHEET

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

Student Date