

HOBART AND WILLIAM SMITH COLLEGES

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

Returning Student Financial Aid Application 2010-11

DUE: April 15, 2010
(Forms received after this date
are subject to grant reduction)

Applicant's Legal Name _____ SS # _____

Home Address _____
Street City State Zip

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

Year in School 2010-2011 **Fr So Jr Sr** Religious Affiliation _____ Overall GPA _____
(circle one)

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

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 10-11:

INCOME INFORMATION

Student Status:

Filed or will file a 2009 Federal Income Tax Return
 (mail a signed copy and W2s to the Office of Financial Aid)

Not Required to File a 2009 Federal Income Tax Return
Total Wages \$ _____ **Federal Work Study Earnings \$** _____

Parent Status:

Filed or will file a 2009 Federal Income Tax Return
 (mail a signed copy and W2s to the Office of Financial Aid)

Not Required to File a 2009 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

Social Security Benefits _____
 Other Non-taxable Income _____

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

| Name | Age | Relationship | Name of College Attending 2010–2011 (at least half time) | College Enrollment (circle one) |
|------|-----|--------------|---|------------------------------------|
| | | | | 1/2 3/4 F/T |
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| | | | | 1/2 3/4 F/T |

SIGN THIS WORKSHEET

At least one parent must sign.

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

Student _____

Date _____

Parent _____

Date _____