

Hamilton College

2009-2010 FINANCIAL AID APPLICATION

Please return to: Hamilton College Financial Aid Office, 198 College Hill Road, Clinton, NY 13323

A. STUDENT INFORMATION (Please print)

Full Name		Social Security #	
Permanent Street Address		Date of Birth	
City, State, Zip		Permanent Phone #	

B. HOUSEHOLD INFORMATION (Please print)

In this section include:

- > Yourself and your parent(s) (including stepparent)
(In a divorced or separated situation, do not include the noncustodial biological parent.)
- > Other children of your parent(s)/stepparent if your parent(s)/stepparent will provide more than half of their support from July 1, 2009 through June 30, 2010
- > Other people if they live with your parent(s)/stepparent now and if your parent(s)/stepparent provide more than half of their support and will continue to do so from July 1, 2009 through June 30, 2010

Full Name	Age	Relationship	Undergraduate College in 2009-10 (at least half time)	Year in College in 2009-10 (Fr, Soph, Jr, Sr)
		Self	Hamilton College	

C. DIVORCED/SEPARATED PARENTS (Please print)

If your biological parents are divorced or separated, your noncustodial biological parent is:

Full Name	
Address	
Telephone Number	

Did you or your parent(s)/stepparent (listed above in Section B) receive child support in 2008?

Yes ___ Amount received for all children: \$ _____ No ___

Did you or your parent(s)/stepparent (listed above in Section B) pay child support in 2008?

(Do not include support for children who are listed above in Section B as a member of your household.)

Yes ___ Amount paid for all children: \$ _____ No ___

D. STUDENT TAX INFORMATION

Please check one of the following:

I have attached or will send my signed 2008 Federal income tax return and W-2 forms when they become available.

I am not required to and will not file a 2008 Federal income tax return 1040/1040A/1040EZ.

E. PARENT(S)/STEPARENT TAX INFORMATION

Please check one of the following:

I/we have attached or will send my/our signed 2008 Federal income tax return(s) and W-2s when they become available.

I/we am/are not required to and will not file a 2008 Federal income tax return 1040/1040A/1040EZ.

F. NEW YORK STATE RESIDENTS (STUDENT AND PARENT(S)/STEPARENT)

Please check one of the following:

I/we have attached or will send my/our signed 2008 NY State income tax return(s) when they become available.

I/we am/are not required to and will not file a 2008 NY State income tax return(s).

G. OTHER INFORMATION *Do not leave any blanks. If an answer does not apply, please write "0".

Income	Student	Parent(s)/ Stepparent
1. Adjusted Gross Income in 2007 (IRS Form 1040 line 37; 1040A line 21; or 1040EZ line 4)	\$	\$
2. Adjusted Gross Income in 2008	\$	\$
3. Difference (line 2 minus line 1)	\$	\$
4. Percentage Difference (line 3 divided by line 1)	%	%
5. If the percentage(s) on line 4 is/are greater than 10% (either positive or negative), please explain briefly:		

Untaxed Income and Benefits (Please list 2008 annual amounts)	Student	Parent(s)/ Stepparent
Payments you made (paid directly, withheld from earnings, or otherwise deducted from income) to tax-deferred pension, tax-deferred savings, and/or other qualified plans (for example 401(k), 403(b), IRA, self-employed SEP, SIMPLE, and Keough).	\$	\$
Social Security benefits received by members of your household that were not taxed. Benefits received by the student should be reported in the Student column.	\$	\$
Housing, food, and other living allowances received by members of your household. Please include the cash payment total if untaxed and/or the cash value of benefits received if untaxed. (This is often applicable to members of the clergy, military, as well as others.)	\$	\$
Veterans' noneducation benefits received by members of your household.	\$	\$
Welfare benefits, including Temporary Assistance to Needy Families (TANF) received by members of your household. Do not include food stamps or subsidized housing.	\$	\$
Any other untaxed income, such as workers' compensation, received by household members.	\$	\$
Other untaxed income as per Worksheets A and B on the FAFSA. Please describe:	\$	\$

H. SIGNATURES

I (we) certify that all of the information reported to qualify for Federal Student Aid and Hamilton Aid is complete and accurate.

One parent must sign.

Student: _____

Date: _____

Parent: _____

Date: _____

I. CONTACT INFORMATION

Parent Name: _____ Day/Work Phone: _____

Email: _____

Parent Name: _____ Day/Work Phone: _____

Email: _____

Student Cell Phone Number: _____

Email: _____