

BRYN ATHYN COLLEGE

2010-2011 Supplemental Form for Institutional Aid

Applicant Information

Legal Name: _____			
LAST	FIRST	MIDDLE	
Home Address: _____			
STREET/P.O. BOX			APT. NO.
CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____ COUNTRY _____			
Phone: () _____ () _____			
HOME		CELL	
Email Address: _____			
Birth Date: ____/____/____		Social Security Number: _____	
MONTH DAY YEAR			
Year in College in 2010-11: _____		Do you plan to live on-campus?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date FAFSA Completed: _____			

Household Information

Please list all members of your household, their age and relationship to you, and occupation in the coming year. Dependent students: include the parent(s) with whom you live and any household members who will receive at least half of their financial support from them in the coming year. Independent students: list only those household members who are dependent on *you* for at least one half of their support.

FULL NAME	AGE	RELATIONSHIP	JOB/SCHOOL ATTENDING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attach a separate sheet if there are more household members than fit above.

Financial Information

Applicant's Financial Information

Include only the income and expenses earned/paid for by the applicant (not by parents, guardians, etc).

2009 Medical and Dental expenses paid, not covered by insurance: \$ _____

Include premiums paid, but exclude amounts covered by insurance, health insurance deductions for the self-employed, and any amount paid on your behalf by your employer or other party.

2010-11 anticipated tuition costs for your dependents attending private elementary or secondary schools: \$ _____
 Exclude room and board, books, transportation, and any educational expenses paid by scholarships or by another party.

Are funds available to you from any trust(s)? Yes No Total value of all trusts: \$ _____
 Do not include funds held in State Sponsored Prepaid Tuition Plans.

If you do not live with your parents:

Home (renters write in "0"): Current Market Value: _____ Owed: _____ Monthly Payment: \$ _____

2009 Real Estate, County, and School taxes paid on the home described above: \$ _____

Attach a signed copy of the applicant's 2009 federal tax return (1040 or equivalent).

Non-Tax Filers: If you did not and were not required to file a 2009 federal income tax return, please attach a signed letter describing your sources of income and the amounts earned from each source for the year 2009 (use W-2 forms or other earnings statements).

Parents' Financial Information *(Independent students may skip this section)*

Include only the income and expenses of the parents. Omit expenses paid by the applicant and those paid on the parents' behalf by others. Information about the parents' assets should be the combined assets of both parents, or of the custodial parent and his/her spouse, if he/she is remarried. If the parents' assets are jointly owned with another party, give only the parents' portion of those assets and associated debt.

Parent contact information: Email Address: _____

Mailing Address: _____
STREET/P.O. BOX APT. NO.

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

Home (renters write in "0"): Current Market Value: _____ Owed: _____ Monthly Payment: \$ _____

2009 Real Estate, County, and School taxes paid on the home described above: \$ _____

2009 Medical and Dental expenses paid, not covered by insurance: \$ _____

Include premiums paid, but exclude amounts covered by insurance, health insurance deductions for the self-employed, and any amount paid on parents' behalf by an employer or other party.

2010-11 anticipated tuition cost for the parents' dependents attending private elementary or secondary schools: Exclude room and board, books, transportation, and any educational expenses paid by scholarships or by another party. \$ _____

Attach a signed copy of the parents' 2009 federal tax return (1040 or equivalent).

Non-Tax Filers: If the parents did not and were not required to file a federal tax return in 2009, please attach a letter signed by your parent describing the parents' sources of income and the amounts earned from each source for the year 2009 (use W-2 forms or other earnings statements).

Explanations / Special Circumstances

Please provide any additional information or explanation of special circumstances that you believe should be considered by the Financial Aid Office. If there is not enough space here, feel free to use a separate sheet of paper.

Applicant and Parent Signature(s)

Please have all appropriate parties sign and date this form.

_____ APPLICANT SIGNATURE	_____ PRINTED NAME	_____ DATE
_____ PARENT SIGNATURE	_____ PRINTED NAME	_____ DATE
_____ PARENT SIGNATURE	_____ PRINTED NAME	_____ DATE

By signing this application, I certify that all of the information included is true and correct to the best of my knowledge.

Forward this application form and tax returns to:

Bryn Athyn College
Attn: Financial Aid Office, P.O. Box 462
Bryn Athyn, PA 19009-0462
Fax: 267.502.2593