

2006–2007 FINANCIAL AID APPLICATION

Instructions for New Student Aid Applicants

The Suffolk financial aid application deadline is MARCH 1. Late applications will be accepted, but to receive full consideration for all available forms of aid, students must apply by March 1.

This application, plus other forms listed to the right, are to be completed by all new undergraduate students who wish to be considered for any and all forms of financial aid awarded by Suffolk University. It is the student's responsibility to make sure this application is accurate and complete and that all supporting materials are submitted to the Office of Financial Aid. Students applying only for a Stafford Loan must also complete this application and submit all required forms.

NOTE: Please keep a copy of all financial aid forms and supporting information. Receipts are available on request for any form submitted to the Office of Financial Aid.

Checklist

- Free Application for Federal Student Aid (FAFSA) should be filed by February 15, 2006.** You may complete the FAFSA online at www.fafsa.ed.gov. The Suffolk University federal code is **002218**. If tax information is not available at the time of application, please use estimated figures.
- SIGNED copy of parents' 1040 (A) (EZ) 2005 Federal Tax Return and all accompanying schedules and W2 forms.
- SIGNED copy of student's 1040 (A) (EZ) 2005 Federal Tax Return with all accompanying schedules and W2 forms. (NOTE: All students—dependent and independent—must submit a copy of this tax return.)
- Statement (from the source) detailing total amount of nontaxable income received during 2005 (e.g., AFDC, welfare, social security, veteran's benefits, workers' compensation, child support, etc.).
- Independent Students: If you are filing as an independent student, this office may require other documentation for proof of your claim (e.g., rent receipts, copy of parents' tax returns, parents' health insurance records, etc.).

2006-2007 FINANCIAL AID APPLICATION 1 OF 4

1. Name

LAST (FAMILY) FIRST MIDDLE INITIAL BIRTHNAME (MAIDEN) NICKNAME

2. Permanent Address

STREET CITY STATE ZIP CODE COUNTRY

3. Mailing Address (IF DIFFERENT FROM ABOVE)

STREET CITY STATE ZIP CODE COUNTRY

Phone No. _____ Cell Phone No. _____

Email Address _____

4. Social Security No. _____

5. Status for 2006-2007

Freshman Transfer

If transfer student, number of transfer credits you expect to receive _____

School to be enrolled in during 2006-2007:

- College of Arts and Sciences
- Sawyer School of Management
- Merrimack Program
- Cape Cod Program
- Dean Program
- Madrid Program
- Senegal Program

Number of credits you plan to enroll for (12 or more credits is full-time) _____

Fall 2006 _____

Spring 2007 _____

Major _____

Expected Graduation Date _____

6. Housing status for 2006-2007

- Commute from home/live with relatives
- Resident (dormitory) student
- Off-campus*

(*YOU MAY NEED TO PROVIDE COPY OF LEASE/RENTAL AGREEMENT.)

7. Are you a citizen of the United States?

Yes No

If no, are you a Permanent Resident of the United States?

Yes No

If yes, Registration Number:

NOTE: ELIGIBLE NON-CITIZENS MUST SUBMIT PROOF OF PERMANENT RESIDENT STATUS TO THE UNIVERSITY.

Optional: City and state of legal residence

NOTE: CERTAIN SCHOLARSHIPS HAVE SPECIFIC CRITERIA, SO IT IS TO YOUR BENEFIT TO PROVIDE THIS INFORMATION.

8. Are you eligible for Tuition Remission Benefits through an employer?***

Yes No

If yes: Employer _____

Benefit amount \$ _____

NOTE: IF YOU ARE AWARDED ANY PRIVATE FUNDS, YOU MUST NOTIFY THE OFFICE OF FINANCIAL AID IMMEDIATELY, AS IT MAY AFFECT YOUR FINANCIAL AID FROM THE UNIVERSITY.

9. On a separate sheet of paper, explain any special circumstances, such as illness, age, unusual family expenses, etc., that may make it difficult for you or your family to contribute to your educational expenses. Attach documentation or proof of your claim.

***STUDENTS WHO RECEIVE TUITION REMISSION BENEFITS THROUGH SUFFOLK UNIVERSITY (INCLUDING TUITION EXCHANGE PROGRAM) WILL ONLY BE CONSIDERED FOR PELL, MASS GRANT, STAFFORD, PLUS, AND/OR CREDIT-BASED LOAN FUNDING.

2006–2007 FINANCIAL AID APPLICATION 2 OF 4

10. Dependent/Independent Verification of Student's Status

Parental information may not be required if the student meets one of the following criteria:

- a. Was the student born before January 1, 1983? Yes No
- b. Is the student a veteran of the US Armed Forces? Yes No
- c. Is the student a ward of the court or are both parents deceased?
 Yes No
- d. Does the student have legal dependents other than a spouse?
 Yes No
- e. Is the student married? Yes No

If you answered "yes" to any part of question 10, you are considered an independent student and are not required to submit parental information.

11. If you are a dependent student, did either of your parents graduate from Suffolk University? Yes No

If yes, you may be eligible for an alumni discount.

List below the name of the parent (while enrolled at Suffolk) and graduation date.

NAME _____

YEAR OF GRADUATION _____

12. If more than one member of your family is enrolled full-time at Suffolk University in an undergraduate program, please list name(s) and social security number(s):

NAME _____

SOCIAL SECURITY NUMBER _____

NAME _____

SOCIAL SECURITY NUMBER _____

13. Income Information

It is the policy of Suffolk University to verify the information on financial aid applications submitted to this office. To do this, *all new students* applying for financial aid must sign this form *and submit a signed copy of all pages of your 2005 Federal Income Tax Return*. In addition, if you are considered a dependent student, *you must submit a signed copy of all pages of your parents' 2005 Federal Tax Return*. Be sure to include all applicable schedules.

Parent(s) check one

- I (we) worked and will file a 2005 Federal Income Tax Return.
Submit a SIGNED copy including all pages.
- I (we) worked and will not file a 2005 Federal Income Tax Return.
Submit copies of all 2005 W-2 forms.
- I (we) did not work and will not file a 2005 Federal Income Tax Return.

Student (and spouse) check one

- I (we) worked and will file a 2005 Federal Income Tax Return.
Submit a SIGNED copy including all pages.
- I (we) worked and will not file a 2005 Federal Income Tax Return.
Submit copies of all 2005 W-2 forms.
- I (we) did not work and will not file a 2005 Federal Income Tax Return.

Parent(s)

Untaxed Income—Total Amount Received for 1/1/05 to 12/31/05

A) WAGES NOT ON TAX RETURN	\$ _____
B) SOCIAL SECURITY	\$ _____
C) AFDC/WELFARE	\$ _____
D) CHILD SUPPORT	\$ _____
E) TAX-DEFERRED CONTRIBUTION TO RETIREMENT PLAN	\$ _____
F) OTHER	\$ _____
TOTAL	\$ _____

Student (and Spouse)

Untaxed Income—Total Amount Received for 1/1/05 to 12/31/05

A) WAGES NOT ON TAX RETURN	\$ _____
B) SOCIAL SECURITY	\$ _____
C) AFDC/WELFARE	\$ _____
D) CHILD SUPPORT	\$ _____
E) TAX-DEFERRED CONTRIBUTION TO RETIREMENT PLAN	\$ _____
F) OTHER	\$ _____
TOTAL	\$ _____

2006–2007 FINANCIAL AID APPLICATION 3 OF 4

14. Home Equity

Do your **parents** own a home? Yes No

If yes, complete the following questions about the home:

CURRENT VALUE \$ _____

CURRENT DEBT \$ _____

YEAR PURCHASED \$ _____

PURCHASE PRICE \$ _____

MONTHLY MORTGAGE \$ _____

Do **you** own a home? Yes No

If yes, complete the following questions about the home:

CURRENT VALUE \$ _____

CURRENT DEBT \$ _____

YEAR PURCHASED \$ _____

PURCHASE PRICE \$ _____

MONTHLY MORTGAGE \$ _____

15. If you/your parents own a home, is it a multifamily dwelling?

Yes No

If yes, what percentage of the home is rented? _____ % Rented

(FOR EXAMPLE, IF YOU OWN A THREE-FAMILY HOME AND TWO APARTMENTS ARE RENTED, THEN 66% IS RENTED.)

16. Please list the amount you and (if applicable) your family can contribute to your 2006–2007 educational expenses. \$ _____

17. Check if you are a direct descendant (child, grandchild, etc.) of a Boston firefighter.

18. Check if you are a Boston public high school graduate.

19. Indicate any special circumstances, such as age, illness, unusual expenses, etc., that may make it difficult for you and/or your family to contribute to your educational expenses.

Attach documentation or proof of your situation.

20. Family Information

If you are a **dependent student**, list all the members of your parents' household they will support between July 1, 2006, and June 30, 2007. Include yourself, your parents, your siblings, and any other dependents who live with and receive at least 50% support from your parents. If you are an **independent student**, list all members of your household whom you will support between July 1, 2006, and June 30, 2007. Include yourself, your spouse, your children, and any other dependents whom you will support at least 50%.

NAME DATE OF BIRTH RELATIONSHIP

NAME OF COLLEGE ATTENDING IN 2005–2006

NAME DATE OF BIRTH RELATIONSHIP

NAME OF COLLEGE ATTENDING IN 2005–2006

NAME DATE OF BIRTH RELATIONSHIP

NAME OF COLLEGE ATTENDING IN 2005–2006

NAME DATE OF BIRTH RELATIONSHIP

NAME OF COLLEGE ATTENDING IN 2005–2006

NAME DATE OF BIRTH RELATIONSHIP

NAME OF COLLEGE ATTENDING IN 2005–2006

NAME DATE OF BIRTH RELATIONSHIP

NAME OF COLLEGE ATTENDING IN 2005–2006

NAME DATE OF BIRTH RELATIONSHIP

NAME OF COLLEGE ATTENDING IN 2005–2006

2006–2007 FINANCIAL AID APPLICATION 4 OF 4

Academic Period Covered by Award is July 1, 2006, to June 30, 2007.

Statement of Educational Purpose

I hereby affirm that any funds received under the Federal Pell Grant, Federal Supplemental Educational Opportunity Grant, Federal Work-Study, Federal Perkins/National Direct Student Loan, Federal Stafford Student Loan, or Federal Parent Loan for Undergraduate Student programs will be used solely for expenses related to the attendance or continued attendance at the institution above. I further understand that I am responsible for repayment of a prorated amount of any portion of payments made that cannot reasonably be attributed to meeting educational expenses related to the attendance at the institution. The amount of such repayment is to be determined on the basis of criteria set forth by the US Secretary of Education.

I affirm that, to the best of my knowledge, I do not owe a repayment on a Federal Pell Grant, a Federal Supplemental Educational Opportunity Grant, or a Federal State Student Incentive Grant previously received for study at any institution. To the best of my knowledge, I am not in default on a Federal Perkins/National Direct Loan, a Federal Stafford Student Loan, a Federal Supplemental Loan for Students, or a Federal Parent Loan for Undergraduate Students.

Notice: You will not receive Title IV financial aid unless you complete the statement and, if required, provide Suffolk University with proof that you are registered with Selective Service. If you state falsely that you are registered or that you are not required to register, you may be subject to fine, imprisonment, or both.

I also certify that the information contained in this application is true and complete. I will notify the Director of Financial Aid in writing of any change in my family's financial status.

Warning: If you purposely give false or misleading information on this form, you may be subject to a fine, imprisonment, or both.

I acknowledge that I must reapply yearly by applicable deadlines for renewal consideration of any financial aid awarded to me.

I give do not give Suffolk University permission to use financial aid to cover all educational expenses associated with my enrollment.

My signature below gives Suffolk University permission to use financial aid to cover all educational expenses associated with my enrollment. I give Suffolk University permission to utilize financial aid funds to cover the cost of any state mandated health insurance plan costs, unless I opt out of the program and use my own plan. With my signature below, I authorize Suffolk University to secure copies of any high school transcripts required for financial aid eligibility.

YOUR SIGNATURE

DATE

YOUR SPOUSE'S SIGNATURE

DATE

PARENT'S SIGNATURE

DATE

PARENT'S SIGNATURE

DATE