

HOBART AND WILLIAM SMITH COLLEGES

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

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 _____ Alt ID # _____

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
 _____ 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
 _____ Not Required to File a 2009 Federal Income Tax Return
Total Wages \$ _____ (father) **Total Wages \$** _____ (mother)

Other Untaxed Income

(Enter dollar amounts or zeros, DO NOT LEAVE BLANK)

Parent(s)	Student
Total Child Support Received _____	Social Security Benefits _____
Total Child Support Paid Out _____	Other Non-taxable Income _____
Social Security Benefits _____	
Welfare Benefits _____	
Housing Allowances _____	
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
				1/2 3/4 F/T
				1/2 3/4 F/T
				1/2 3/4 F/T
				1/2 3/4 F/T
				1/2 3/4 F/T

SIGN THIS WORKSHEET

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

At least one parent must sign.

 Student Date

 Parent Date