

Hamilton College

198 College Hill Rd / Clinton, NY 13323 / 800-859-4413

2014-2015 FINANCIAL AID APPLICATION

Please print all information clearly in the spaces provided in each section.

STUDENT INFORMATION

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

HOUSEHOLD INFORMATION

In this section include:

- > Yourself and your parent(s) (including stepparent)
(In the case of divorced, separated or parents whom never married, do not include the non-custodial 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, 2014 through June 30, 2015
- > 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, 2014 through June 30, 2015

Full Name	Age	Relationship	Undergraduate College in 2014-15	Year in Undergraduate College in 2014-15 (1st, 2nd, 3rd, 4th)	Type of student (full-time, ¾ time, ½ time)	First Undergraduate degree? Yes/No
		Self	Hamilton College			

Return form via: Fax: 315-859-4962 • E-mail: scanned PDF file to finaid@hamilton.edu

NON-CUSTODIAL PARENT INFORMATION

If your biological parents are divorced, separated or never married, your non-custodial biological parent is:

Full Name	
Address	
Telephone Number	
Email	

CHILD SUPPORT

Did you or your parent(s)/stepparent (in your Household) **receive** child support in 2013?

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

Did your parent(s)/stepparent (in your Household) **pay** child support in 2013?

No ___ Yes ___

If your parent(s)/stepparent (in your Household) **paid child support**, complete the following:

Name of Child Receiving Support	Name of Person to Whom Support Paid	Amount Paid for Child
		\$
		\$
		\$
		\$
		\$
		\$

STUDENT TAX INFORMATION

Please check one of the following:

- I have attached or will send my signed **2013 Federal income tax return** and **W2 form(s)** when they become available.
- I have attached or will send my **2013 W2 form(s)**. I am not required to and will not file a **2013 Federal income tax return**.
- I am not required to and will not file a **2013 Federal income tax return** as I did not earn wages in 2013.

PARENT(S)/STEPPARENT TAX INFORMATION

Please check one of the following:

- I/we have attached or will send my/our signed **2013 Federal income tax return(s)** and **W2 form(s)** when they become available.
- I/we have attached my/our **2013 W2 form(s)**. I/we am/are not required to and will not file a **2013 Federal income tax return**.
- I/we am/are not required to and will not file a **2013 Federal income tax return** as I/we did not earn wages in 2013.

NEW YORK STATE RESIDENTS (STUDENT AND PARENT(S)/STEPPARENT)

Please check one of the following:

- I/we have attached or will send my/our signed **2013 NY State income tax return(s)** when they become available.
- I/we am/are not required to and will not file a **2013 NY State income tax return(s)**.

INCOME INFORMATION (If an answer does not apply, please write "0")

Income	Student	Parent(s)/ Stepparent
1. Adjusted Gross Income in 2012 (IRS Form 1040 line 37; 1040A line 21; or 1040EZ line 4)	\$	\$
2. Adjusted Gross Income in 2013 (Use estimate if tax return not yet filed)	\$	\$
3. If a significant change in income, please explain briefly:		

Untaxed Income and Benefits (Please list 2013 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.	\$	\$
Food Stamps - Supplemental Nutrition Assistance Program (SNAP).	\$	\$
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 and educational Veterans' Benefits (Yellow Ribbon, Iraq & Afghanistan Service Grant, etc.) received by members of your household. Please describe:	\$	\$
Welfare benefits, including Temporary Assistance to Needy Families (TANF) received by members of your household. Do not include subsidized housing.	\$	\$
Any other untaxed income, such as workers' compensation, received by household members. Please describe:	\$	\$

SIGNATURES

I (we) certify that all of the information reported to qualify for need-based financial aid from Hamilton College is complete and accurate. One parent must sign.

Student: _____ Date: _____

Parent: _____ Date: _____

CONTACT INFORMATION

Parent Name: _____ Day/Work Phone: _____ Email: _____

Parent Name: _____ Day/Work Phone: _____ Email: _____

Student Cell Phone Number: _____ Email: _____