2015-2016 Kalamazoo College Financial Aid Form

You must also submit the Free Application for Federal Student Aid (FAFSA) to complete federal requirements. The FAFSA is submitted directly to the federal processor, rather than to Kalamazoo College.

PART I. STUDENT INFORMATION

Last Name: ___________________________________________ First Name: __________________________ MI. ______

Social Security Number: XXX-XX-_________ Date of Birth: __________-________-________

PART II. PARENTAL/HOUSEHOLD INFORMATION

1. Current marital status of your parent(s) who is/are completing this form:
   _____ Never Married          _____ Married/Remarried          _____ Unmarried, but living together          _____ Widowed
   _____ Divorced            _____ Separated             Date of divorce or separation: _______________

2. Complete the following information about the parent(s) in the household in which you live. If there has been a divorce and remarriage, you must check married status above and include household information of your parent and stepparent. Check relationship below.

   _____ Parent 1          _____ Stepparent 1          _____ Parent 2          _____ Stepparent 2

   Name: _____________________________________ Name: _____________________________________
   Occupation: _________________________________ Occupation: _________________________________
   Employer: _________________________________ Employer: _________________________________
   # of Years ______ Work Phone # ________________ # of Years ______ Work Phone # ________________

3. Please fill in the box below with complete information about all members of the household in which you live. Include:
   • Yourself
   • Your Parent(s)
   • Your Parent(s) other children if your parent will provide more than half of their support from July 1, 2015 through June 30, 2016.
   • Other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2015 through June 30, 2016.

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<th>Complete Name</th>
<th>Age</th>
<th>Relationship to Attending Student</th>
<th>College in 2015-16?</th>
<th>Name of College</th>
<th>Full-time Half-time</th>
<th>1st-5th UG or GR</th>
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4. If your parents have separated or divorced, please provide information about the parent who DOES NOT live in your household.

Name: _________________________________ Occupation: _________________________________
Address: _______________________________ Employer: _________________________________
# of Years: _______________________________

PART III. PARENT UNTAXED INCOME. Enter a value of zero rather than leaving a blank for questions that do not apply.

2014 untaxed income and benefits:

a. Untaxed Social security benefits received for all members of household (annual amount)  a. $____________
b. Foreign Earned Income Exclusion (IRS Form 2555, line 45 or 2555EZ, line 18)  b. $____________

PART IV. PARENT ASSETS (Values as of the date you are completing this form). Enter a value of zero rather than leaving a blank for questions that do not apply.

   Monthly mortgage or rent payment $____________
   Purchase price of home $____________ Year of Purchase ________

2. Does your parent(s) own a business with 100 or fewer full-time or full-time equivalent employees?   ___ Yes    ___ No
   If yes, what is your business worth today? $____________ What is owed on it? $____________

3. Does your family own and live on a farm? ______ Yes ______ No
   If yes, what is it worth today? $____________ What is owed on it? $____________

PART V. STUDENT MISCELLANEOUS INFORMATION

Will you (the student) have access to any VA benefits?     _____yes                 _____no
If yes, how much will you receive per academic year?    $__________ type of benefit: ________________________________

CERTIFICATION: My signature below authorizes Kalamazoo College to evaluate my eligibility for need-based financial assistance and to convey the results of this analysis to an outside organization or agency for the purposes of consideration of scholarships or grants. All the information on this form is true and complete to the best of my knowledge.

______________________________________         ______________________________________         ______________
Student’s Signature                Parent’s (stepparent’s) Signature             Date

We may find it necessary to contact you for additional information or to send information by email. Please provide the following: (enter n/a if no email address)

__________________________________        _______________________________      _________________________
Parent email address                    Student email address   Parent daytime phone #

Mail or fax this form to:
Kalamazoo College,
Office of Financial Aid,
1200 Academy St., Kalamazoo, MI  49006
Fax: 269.337.7390