2017-18 Returning Student Financial Aid Information Form

Return upon receipt.

This application is required for all students applying for or receiving scholarships and/or other financial aid at Augustana College. Students who wish to be considered for state, federal or institutional funds including grants, federal work programs and/or student and parent loans must also complete the 2017-18 Free Application for Federal Student Aid (FAFSA). The FAFSA may be completed electronically by visiting www.fafsa.gov after October 1, 2016.

Returning Student Information

1. Name: __________________________________________________________________________________________________
   Last               First               Middle Initial

2. Permanent mailing address: ________________________________________________________________________
   Street               City               State               ZIP

3. Home phone number: _______________________________ Student cell number: _____________________________

4. If you have previously attended Augustana, what is your I.D. number? ______________

5. Will you complete the 2017-18 Free Application for Federal Student Aid (FAFSA)?   Y es               N o
   If yes, student Social Security Number is required: ______________ - ______________ - ______________

6. Where will you be living during the academic year?
   ______ Campus housing    ______ With parents    ______ Off-campus house or apartment    ______ I own my own home

7. Are you the beneficiary of a 529 pre-paid tuition plan?   Y es               N o
   If yes, check one:  ______ College Illinois (pre-paid tuition plan)
                      ______ Other pre-paid tuition plan ____________________________________________________________________

8. Students are sometimes eligible for awards on the basis of ethnicity, religion or major. Providing the following information is optional.
   Religious denomination: _____________________________   City _____________________ State __________
   Name of congregation: _____________________________   Are you of Swedish heritage?   Y es               N o
   Ethnic background: __________________________________________________________

   If anticipated 2017-18 graduation, indicate term:  ______ Fall    ______ Winter    ______ Spring

10. How many credits do you expect to take each term during the 2017-18 academic year?
    ______ Fall    ______ Winter    ______ Spring
    Major(s): _____________________________    _____________________________ Vocational interest: _____________________________
    Minor(s): _____________________________    _____________________________

11. Will you apply for Augie Choice funds for the 2017-18 academic year?   Y es               N o

12. Will you receive veterans’ education benefits (as a veteran or by transfer of benefits) during the 2017-18 academic year?   Y es               N o
    What chapter and branch of service will provide benefits? Chapter: _____________________________
    Branch of service: _____________________________
If the student applicant was born before January 1, 1994, or otherwise is determined to be independent for financial aid purposes (see FAFSA guidelines), proceed to question 14; all other applicants should complete the parental information section below.

Parental Information

This section should be completed by the legal parent(s) with whom the student resides. (“Legal parent” is defined as the biological or adoptive parent.) If the student lives in a single-parent household, only the information about that parent should be reported. However, if a divorced or widowed parent has remarried, information about the stepparent is required. If a student’s legal parents are not married but are living together, information about both parents is required.

13. Parent(s) in the Household

Parent 1

Check one: □ Biological/adoptive parent  □ Stepparent  □ Other

Name: _________________________________________

Occupation: ____________________________________

Employer: ______________________________________

□ Self-employed

□ Unemployed

Date last employed: ___________________________

Work or cell number: ___________________________

Email address: ________________________________

Parent 2

Check one: □ Biological/adoptive parent  □ Stepparent  □ Other

Name: _________________________________________

Occupation: ____________________________________

Employer: ______________________________________

□ Self-employed

□ Unemployed

Date last employed: ___________________________

Work or cell number: ___________________________

Email address: ________________________________

If divorced or separated: (To be answered by the parent who completes this form about the non-custodial parent, if the student’s legal parents (biological or adoptive) are divorced, separated or remarried.)

a. Year of separation: _______ Year of divorce: _______

b. Non-custodial parent’s name: ____________________

Home address: __________________________________

______________________________________________

c. Financial aid packages and billing documents may be provided and discussed with the parent named in 13b?  
Yes □ No □

d. How much does the non-custodial parent plan to contribute to the student’s education for the 2017-18 school year? $___________

Unusual/Special Circumstances

14. Families occasionally have unusual expenses/circumstances beyond their control. Unusual expenses such as high medical or dental expenses, substantial reduction in family income since the 2015 tax year, parent in college, childcare or other special circumstances in some instances can be considered when determining financial aid. However, the FAFSA must be filed for such circumstances to be considered. Additional forms also will be required to address these circumstances in more detail. Please attach a separate note should you have any unusual circumstances. (To determine whether you should complete a special circumstance form, call the Office of Financial Aid at 309-794-7207 to speak with your financial aid counselor.)

Student and Parent(s) Signatures

__________________________________________  ___________________________

Student’s Signature  Date

__________________________________________  ___________________________

Father’s (Stepfather’s) Signature  Date

__________________________________________  ___________________________

Mother’s (Stepmother’s) Signature  Date