

# FINANCIAL AID APPLICATION 2017-2018



**Student Financial Services**  
 One Angwin Avenue  
 Angwin, CA 94508  
 707-965-7200  
 707-965-7615 (fax)  
 1-800-862-7080, option 1  
 studentfinance@puc.edu

**Instructions:**  
 Please print clearly or type.

Please answer all items completely. When completed, return this form to the address above.

On this form 'you' and 'your' refers to you the student.

If you are not married, leave all spousal information blank.

If you are married, leave all parent information blank.

**ATTENTION:** Financial aid is awarded only to students with complete financial files.

This form must be signed in all spaces where indicated on the back.

**1.** Student name: \_\_\_\_\_  
Last                      First                      Middle                      Maiden Name (if applicable)

Mailing address: \_\_\_\_\_  
Address                      City                      State                      ZIP

Cell phone: (\_\_\_\_) \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**2.** Marital status:  Single  Married  Separated  Divorced  Widowed

**3.** Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ **4.** Gender:  Female  Male

**5.** Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **6.** PUC ID number: \_\_\_\_\_

**7.** Driver's license number (indicate if not applicable): \_\_\_\_\_ State: \_\_\_\_\_

**8.** Are you, or have you ever been incarcerated  Yes  No If "yes" indicate where: \_\_\_\_\_

Are you subject to an involuntary civil commitment?  Yes  No

**9.** Are you a U.S. Citizen?  Yes  No If "no" indicate current status:

Eligible non-citizen; alien registration number: \_\_\_\_\_  AB540 Student  I-20 Student

**10.** Which campus will you attend?  Angwin  ACA  Travis  Napa  Other \_\_\_\_\_

**11.** Parent/Guardian name (Dependent Student): \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Address                      City                      State                      ZIP

Phone (daytime): (\_\_\_\_) \_\_\_\_\_ Phone (evening): (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**12.** Do we have permission to discuss your account with your parents?  Yes  No

**13.** Where will you live?  Residence Hall  Parents/Relatives  College family housing  Other \_\_\_\_\_

**14.** During the school year, I want financial aid for:  Fall quarter  Winter quarter  Spring quarter

**15.** Year in college for the 2017-18 school year (circle one): 1 2 3 4 5 6 **16.** List program: \_\_\_\_\_

**17.** Your degree objective (circle one): BA BBA BFA BMus BS BSN BSW AS Other \_\_\_\_\_

**18.** Do you have a bachelor's degree?  Yes  No

**19.** Please list *all* colleges attended (if more space needed, attach separate sheet):

Name of college (including PUC)                      Address, City, State                      Years attended: **From** (Month/Year) **To** (Month/Year)

A. \_\_\_\_\_

B. \_\_\_\_\_

**20.** Do you receive tuition assistance through your parents' employer?  Yes  No Taxable:  Yes  No

If yes, name of parent employed: \_\_\_\_\_

Parent's employer: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Employer's address: \_\_\_\_\_  
Address                      City                      State                      ZIP

**21.** What academy or high school did/will you graduate from? \_\_\_\_\_

Date of graduation \_\_\_\_\_

**22.** Number of people in the household: \_\_\_\_\_. Provide the following information for your family members in household:

Full name of family member <small>(if more space is needed, attach separate sheet)</small>	Age	Relationship <small>(use code)</small>	In the 2017-2018 school year, will attend college for at least one term: <i>full-time half-time</i>	Name of school or college this person will attend in the 2017-2018 school year	Year in school 2017-2018	Received at least 51% of support from student's parents
<b>1.</b>			<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2.</b>			<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3.</b>			<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.</b>			<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Relationship codes:** **1.** Student's parent                      **3.** Student's brother/stepbrother or sister/stepsister  
**2.** Student's stepparent                      **4.** Student's husband or wife                      **5.** Student's son or daughter  
**6.** Student's grandparent

**STUDENT'S TAX AND INCOME INFORMATION**

**23.** Did you work in 2015?    Yes    No   If no, skip questions 24 and 25.

**24.** Check one:    I did file a tax return.    I will file a tax return.    I did not/will not file a tax return.

**25.** Income earned from work: Use your W-2s or other earnings statements (if more space is needed, attach separate sheet):

Employer: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Employer: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**26.** Other untaxed income in 2015 (if more space is needed, attach separate sheet):

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**27.** Child support paid/received: please provide the following information (if more space is needed, attach separate sheet):

Person who paid child support	Person who received child support	Child for whom child support was paid	Amount in 2015
<b>1.</b>			
<b>2.</b>			
<b>3.</b>			

**28.**  Yes    No   SNAP Verification: Someone in the student's household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) sometime during the 2015 calendar year. If asked, I will provide documentation for the receipt of the SNAP benefits.

**PARENT (FOR DEPENDENT STUDENTS ONLY) OR SPOUSES'S TAX AND INCOME INFORMATION**

**29.** Check one:  I did file a return, I did work.    I did not file a return, I did work.    I did not file a return, I did not work.

**30.** Income earned from work: Use your W-2s or other earnings statements (if more space is needed, attach separate sheet):

Employer: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Employer: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**31.** Other untaxed income in 2015 (if more space is needed, attach separate sheet):

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**32.** Child support paid/received: please provide the following information (if more space is needed, attach separate sheet):

Person who paid child support	Person who received child support	Child for whom child support was paid	Amount in 2015
<b>1.</b>			
<b>2.</b>			
<b>3.</b>			

**33.**  Yes    No   SNAP Verification: Someone in the student's household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) sometime during the 2015 calendar year. If asked, I will provide documentation for the receipt of the SNAP benefits.

<ul style="list-style-type: none"> <li>Financial aid payments are made each quarter. Allowable charges to which financial aid apply include tuition, room, board, and fees. Excess financial aid funds remain on the student's account to cover expenses until the student notifies the student financial services department that he or she wishes to withdraw the funds.</li> <li>PLUS funds are disbursed once per quarter. Any excess funds remain on the account to cover additional expenses or until the parent requests excess plus funds.</li> </ul>	<ul style="list-style-type: none"> <li>If requested, please send your 2015 IRS tax return transcript and copies of your W-2s. Request your IRS tax return transcript at <a href="https://www.irs.gov/Individuals/Get-Transcript">https://www.irs.gov/Individuals/Get-Transcript</a> or 800-908-9946.</li> <li>Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.</li> </ul>
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**EACH PERSON PROVIDING INFORMATION ON THIS FORM MUST SIGN BELOW:**

Student signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Student's spouse's signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Father's (Stepfather's) signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Mother's (Stepmother's) signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Please answer all items completely. When completed, return to:

Pacific Union College  
Student Financial Services  
One Angwin Avenue  
Angwin, CA 94508