

FINANCIAL AID APPLICATION 2016-2017



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 2016-17 school year (circle one): 1 2 3 4 5 6 **16.** List major: _____

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 2016-2017 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 2016-2017 school year	Year in school 2016-2017	Received at least 51% of support from student's parents
1.			<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<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 **5.** Student's son or daughter
2. Student's stepparent **4.** Student's husband or wife **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
1.			
2.			
3.			

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
1.			
2.			
3.			

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"> 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. 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. 	<ul style="list-style-type: none"> If requested, please send your 2015 IRS tax return transcript and copies of your W-2s. Request your IRS tax return transcript at https://www.irs.gov/Individuals/Get-Transcript or 800-908-9946. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.
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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