

McDANIEL COLLEGE
FINANCIAL AID INSTITUTIONAL APPLICATION 2009-2010
GRADUATE STUDENTS

Please return this form along with a **SIGNED** copy of your **2008 Federal Tax Return with all schedules and W-2's**, to:
McDaniel College, Financial Aid Office, 2 College Hill, Westminster, MD 21157

Student Name: _____ Social Security No: _____

Permanent Address: _____ Drivers License No: _____

_____ Cell Telephone No: _____

Local Address: _____ Local Telephone No: _____

_____ Work Telephone No: _____

_____ e-mail Address: _____

I have applied/been accepted into the following program (check one); MA/MS BEST Counseling
 Second Bachelor's Degree Teacher Certification Reading Human Resources
 Curriculum/Instruction Administration

My anticipated program completion date is: _____

Month/Year

When did you file a **2009-2010** FAFSA (www.fafsa.ed.gov)? _____ Date

I plan to live: On Campus Off Campus with Parents/Relatives Off Campus Apt./House

Please list number of credit hours you plan to take for the following semesters:

Summer 2009: _____ cr. hrs. **Fall 2009:** _____ cr. hrs. **Spring 2010:** _____ cr. hrs

I will not file an '08 Federal Tax Return. Student Signature: _____ Date: _____

If no return will be filed, list sources of income and amounts:

Source _____ \$ _____ Source _____ \$ _____

Indicate total benefits received in 2008 by you and/or your spouse through the following programs:

Social Security 1099 form (2008) must be provided.

2008 Total Social Security Benefits (including SSI, SSDI): \$ _____

2008 Total Child Support (Received): \$ _____

2008 Aid to Family with Dependent Children (AFDC): \$ _____

**2008 Total Child Support (Paid Out): \$ _____

Do you have a physical handicap? Yes No If yes, indicate type of handicap _____

Did you apply for DVR (Vocational Rehabilitation) Assistance? Yes No

Have you been approved for DVR (Vocational Rehabilitation) Funding? Yes No

Are you employed by TARGET? Yes No

Have you applied for a Graduate Assistantship/Tuition Remission Position? Yes No

Have you received a Graduate Assistantship/Tuition Remission Position? Yes No

- **Please note that if you have a Graduate Assistantship position, you must provide a copy of the contract to the Financial Aid Office.**

Student Investments:

Cash, Savings, and Checking \$ _____

Investments: Value \$ _____ Debt \$ _____

Type of Investments: _____

List the market value of your home \$ _____ List outstanding mortgage on the home \$ _____

If you own more than one property, please give address, market value and outstanding mortgages on the properties below:

Address _____	Mrkt Value \$ _____	Outstanding Mortgage \$ _____
Address _____	Mrkt Value \$ _____	Outstanding Mortgage \$ _____
Address _____	Mrkt Value \$ _____	Outstanding Mortgage \$ _____

If you have already been awarded any scholarships from organizations other than McDaniel College for the 2009-10 academic year, list the name and amount of each scholarship. (Please send official documentation to the Financial Aid Office.)

Name of Scholarship: _____ \$ _____
 Name of Scholarship: _____ \$ _____

* Completed Financial Aid Awards will be posted to Archway.

HOUSEHOLD INFORMATION

READ CAREFULLY AND FILL IN COMPLETELY! List the name, age, and relationship to you (the student) of the people you (and your spouse) will support between July 1, 2009 and June 30, 2010. Include yourself, your spouse, and your dependent children. Include other people only if they lived with and received more than one-half of their support from you (and your spouse) at the time you completed the FAFSA **and** will continue to receive this support between July 1, 2009 and June 30, 2010. If a household member will be enrolled for at least 6 credits in at least one term between July 1, 2009 and June 30, 2010, list the institution they will attend, the amount you (and your spouse) will pay, and if they will be enrolled full or part time.

<u>Name</u>	<u>Age</u>	<u>Relation</u>	<u>School</u>	<u>Full or Part time</u>	<u>Cost</u>
<u>You-The Student</u>	<u>XX</u>	<u>Self</u>	<u>McDaniel College</u>	_____	<u>\$XXXXXX</u>
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

CERTIFICATION

I certify that the information presented is correct at this time and I will send timely notice of any significant changes to my family situation. I understand that said information is confidential, but may be shared with other agencies providing funds for student financial aid.

If I am a recipient of Title IV funds, I authorize crediting of these funds directly to my student account. If my student account has a credit balance, due in part or in whole, to the disbursement of a Federal Educational Loan, I authorize McDaniel College to retain this balance, applying it toward the next semester expense.

STUDENT SIGNATURE: _____ DATE: _____

SPOUSE SIGNATURE: _____ DATE: _____