

SECTION 2

C. EMPLOYMENT INFORMATION (List all current jobs held by Parent(s)/Guardian(s) in the section below)

1. WHICH PARENT? (Parent/Guardian #1 or 2)	2. EMPLOYER NAME	3. CURRENTLY AT JOB? YES	4. CURRENT YEAR EST'D INCOME (For current job)
① ②	<input type="text"/>	<input type="radio"/>	<input type="text"/> , <input type="text"/>
① ②	<input type="text"/>	<input type="radio"/>	<input type="text"/> , <input type="text"/>

D. BUSINESS INFORMATION (List all Business, Farm, Corporation, and Partnership income in the section below)

1. WHICH PARENT? (Parent/Guardian #1 or 2)	2. BUSINESS NAME	3. STILL OPERATING? YES
① ②	<input type="text"/>	<input type="radio"/>
① ②	<input type="text"/>	<input type="radio"/>

4. TYPE OF BUSINESS #1 <input type="checkbox"/> Proprietorship <input type="checkbox"/> Farm <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	5. PERCENT OWNED <input type="text"/> %	6. CURRENT YEAR ESTIMATED NET PROFIT \$ <input type="text"/> , <input type="text"/> , <input type="text"/>
#2 <input type="checkbox"/> Proprietorship <input type="checkbox"/> Farm <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<input type="text"/> %	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>

E. MONTHLY INCOME (Please enter *monthly* amounts)

1. WELFARE (TANF) \$ <input type="text"/> , <input type="text"/>	2. FOOD STAMPS \$ <input type="text"/> , <input type="text"/>	3. RETIREMENT/IRA \$ <input type="text"/> , <input type="text"/>	4. PARENT(S)/GUARDIAN(S) \$ <input type="text"/> , <input type="text"/>	5. DEPENDENTS \$ <input type="text"/> , <input type="text"/>
6. CHILD SUPPORT \$ <input type="text"/> , <input type="text"/>	7. ALIMONY \$ <input type="text"/> , <input type="text"/>	8. MISCELLANEOUS MONTHLY INCOME \$ <input type="text"/> , <input type="text"/>	<input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Foster Care <input type="checkbox"/> Other <input type="text"/>	

F. OTHER ANNUAL INCOME

INTERESTS AND DIVIDENDS:	WORKERS' COMPENSATION:	UNEMPLOYMENT:	MISCELLANEOUS INCOME:
1. EST'D CURRENT YEAR \$ <input type="text"/> , <input type="text"/>	2. EST'D CURRENT YEAR \$ <input type="text"/> , <input type="text"/>	3. EST'D CURRENT YEAR \$ <input type="text"/> , <input type="text"/>	<input type="checkbox"/> Capital Gains <input type="checkbox"/> Winnings <input type="checkbox"/> Inheritance <input type="checkbox"/> 1099-M Income <input type="checkbox"/> Assistance from Relative/Friends <input type="checkbox"/> Other <input type="text"/>

SECTION 3

G. HOME EXPENSES (Please fill out RENT or HOME information, but not both)

RENT

1. MONTHLY RENT \$ <input type="text"/> , <input type="text"/>	2. ANNUAL RENTERS INSURANCE \$ <input type="text"/> , <input type="text"/>	3. ELECTRICITY \$ <input type="text"/> , <input type="text"/>	4. GAS, OIL, COAL \$ <input type="text"/> , <input type="text"/>	5. WATER, SEWAGE \$ <input type="text"/> , <input type="text"/>
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OWN

6. MONTHLY MORTGAGE \$ <input type="text"/> , <input type="text"/>	7. CURRENT MARKET VALUE \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	8. TOTAL OWED ON PROPERTY \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	9. PRIOR YEAR PROPERTY TAX \$ <input type="text"/> , <input type="text"/>
10. HOME OWNERS INSURANCE \$ <input type="text"/> , <input type="text"/>	DWELLING TYPE 11. TYPE OF DWELLING <input type="checkbox"/> Single <input type="checkbox"/> Multi-Family	12. PRIOR YEAR RENTAL INCOME (if not a single family dwelling) \$ <input type="text"/> , <input type="text"/>	13. PRIOR YEAR RENTAL EXPENSES (if not a single family dwelling) \$ <input type="text"/> , <input type="text"/>

H. MEDICAL EXPENSES (List only your payments for the below)

1. PAYMENTS MADE IN PRIOR YEAR	2. CURRENT MEDICAL DEBT	3. HOW MUCH EMPLOYERS PAY FOR:
MEDICAL/DENTAL \$ <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/>	MEDICAL INSURANCE <input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None
PRESCRIPTION DRUGS \$ <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/>	DENTAL INSURANCE <input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None
VISION CARE \$ <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/>	



SECTION 3 CONT'D

I. CHILD SUPPORT/ ALIMONY PAYMENTS

CHILD SUPPORT

1. NO. SUPPORTED 2. EST'D ANNUAL TOTAL \$,

ALIMONY

3. EST'D ANNUAL AMOUNT \$,

J. CHILDCARE/ ELDERLY CARE EXPENSES

CHILD CARE

1. EST'D ANNUAL TOTAL \$,

ELDERLY CARE

2. EST'D ANNUAL AMOUNT \$,

K. DONATIONS (List your two largest donations)

1. NAME OF CHARITY/ORGANIZATION

2. TOTAL ANNUAL DONATION

\$,
\$,

SECTION 4

L. ASSETS & DEBTS - REAL ESTATE OTHER THAN HOME

1. NO. OF PROPERTIES 2. TOTAL CURRENT MARKET VALUE \$, ,

3. TOTAL AMOUNT OWED \$, , 4. MONTHLY LOAN/MORTGAGE \$,

5. PRIOR YEAR RENTAL INCOME \$, 6. PRIOR YEAR RENTAL EXPENSES \$,

7. TYPE OF PROPERTIES (Choose one or more items)
 Recreational Investment Other
 Business Rental

M. ASSETS - RETIREMENT PLANS

1. PREVIOUS YEAR HOUSEHOLD CONTRIBUTION \$,

2. PREVIOUS YEAR EMPLOYER CONTRIBUTION \$,

3. PREVIOUS YEAR END VALUE \$,

SELF MANAGED (IRA, SEP, ETC.)
OTHER QUALIFIED PLAN (Pension, 401K, ESOP, 403 (b)(c))

N. ASSETS & DEBT - AUTOMOBILES

OWN

1. NO. OF VEHICLES 2. TOTAL VALUE \$,

3. MONTHLY LOAN PAYMENT \$, 4. TOTAL DEBT \$,

LEASE

5. NO. OF VEHICLES 6. MONTHLY LEASE PAYMENT \$,

7. TOTAL ANNUAL INSURANCE - ALL VEHICLES \$,

O. ASSETS & DEBTS - RECREATIONAL VEHICLES/BOATS (Include all recreational vehicles: Motor homes, Boats, Motorcycles, ATV's, etc.)

1. TOTAL VALUE \$,

2. TOTAL MONTHLY LOAN PAYMENTS \$,

3. TOTAL DEBT \$,

P. ASSETS - CURRENT

1. CHECKING ACCOUNT \$,

2. SAVINGS ACCOUNT \$,

3. CASH \$,

4. STOCKS, CDS, BONDS, ETC. \$,

Q. MISCELLANEOUS DEBT

1. CREDIT CARD DEBT \$,

2. BANK LOANS \$,

3. OTHER DEBTS \$,

STUDENT/EDUCATION LOANS FOR:

4. PARENT(S)/GUARDIAN(S) \$,

5. DEPENDENTS \$,

SECTION 5

R. SPECIAL CIRCUMSTANCES

1. Your household is expecting another child this year.
2. You are in the process of a divorce or separation.
3. There has been a recent death in the household.
4. Your spouse will not cooperate in completing this form.
5. A household member has a problem (addictions, mental illness, etc.) that is causing financial stress for the family.
6. A household member has been recently diagnosed as severely ill.
7. A household member is recently unemployed.
8. Your household does not pay any rent or mortgage.
9. Your household does not file a 1040 tax document.
10. You are a non-custodial parent who is requested by your school to complete this financial aid form in addition to your ex-spouse, who is also completing this form.

PROCESSING

T. APPLICATION PROCESSING FEES

\$ **Required Processing Fee (See Parent Directions for cost)**
Your application will not be processed without payment.

\$ **Total Payment** Please calculate the total payment your are including.

PAYMENT METHOD (Choose one method of payment)

Check Money Order Amex Mastercard Discover Visa

CREDIT CARD NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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EXP. DATE MM/YY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CARD HOLDER NAME

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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U. STATEMENTS & SIGNATURES (This form must be signed by each Parent/Guardian)

I understand that in order to be considered for financial aid, I must complete all sections of the application that apply to my household. I agree to submit all requested and required documents to Smart Tuition, including all completed tax forms and other financial documents. I agree that Smart Tuition may contact me to request additional information or documents as it pertains to this application. I agree to allow Smart Tuition to provide the school with an analysis based on required application and additional publicly available information. I understand if I fail to submit the required tax forms and other financial documents or misrepresent information submitted on this application in any way, I may be disqualified by the school from receiving financial aid. If I have selected to make my application processing fee via debit card or credit card I authorize Smart Tuition to debit my account.

Parent / Guardian Signature #1

Parent / Guardian Signature #2

INTERNAL OFFICE USE ONLY:

CK MO CC CA FW NP

TOTAL: \$.

DATE: /

EMP INITIAL: