



CHAMPLAIN COLLEGE

2007-2008 FINANCIAL AID APPLICATION



This form is used to estimate VSAC Grant eligibility.

Applicant: _____ SS# or College ID# _____
Home Address: _____ City: _____
State: _____ Zip: _____ Phone: _____
Cell Phone: _____ Email: _____

I will live: [] On campus [] Apartment [] With parents [] I own my own home

Have you previously attended a college other than Champlain? [] Yes [] No

If a part-time student, how many credits do you plan to take? Fall _____ Spring _____

Will you be receiving a tuition waiver or assistance from your parent's employer? [] Yes [] No

If eligible, would you prefer: [] Workstudy [] Loan [] No Preference

What is your parent(s)' (or your's if independent) current status?

[] Married/Remarried [] Single [] Divorced/Separated [] Civil Union Partnership [] Widowed

If Civil Union Partnership, please provide taxes for both parents (or you and your partner if independent.)

Personal Equity

What is it worth today? What is owed on it?
Home \$ _____ \$ _____
Farm \$ _____ \$ _____

Unusual Circumstances

If you or your family have any special circumstances that may affect your need for student financial aid, please inform us in this space provided.

THIS SECTION IS TO BE COMPLETED IF THE STUDENT'S PARENTS ARE SEPARATED OR DIVORCED. The questions should be answered by the parent whose information was reported on the Free Applications for Federal Student Aid. The non-custodial parent is the parent whose financial information was not reported on the FAFSA.

- | | | | |
|--|---|---|---|
| 1. The applicant received or will receive more than \$1,200 (cash or kind—including child support you received for the applicant) from the non-custodial parent. | <u>2005</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No | <u>2006</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No | <u>2007</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. The applicant lived or will live with the non-custodial parent for more than six weeks during: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. What was the amount of child support received from the non-custodial parent for the applicant in: | \$ _____ | \$ _____ | \$ _____ |
| 4. If you received child support on the applicant's behalf, was it paid to you directly by the other parent or through an outside agency? | <input type="checkbox"/> Direct <input type="checkbox"/> Agency | | |
| 5. List the yearly amount of child support RECEIVED by you in 2006 for all children. | \$ _____ | | |
| 6. For how many children was this support received? | # _____ | | |
| 7. List the yearly amount of child support PAID by you in 2006 for all children. | \$ _____ | | |

IF THE CUSTODIAL PARENT HAS NOT REMARRIED, non-custodial parent taxes and worksheet will be required.

CERTIFICATION: All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of the information that I have given on this form. I also agree to allow the College to share information with any agency who may also be considering the student for financial assistance. I authorize Champlain College to use Title IV financial aid (federal aid) to pay for charges on my bill other than tuition, room and board. Such charges might include health insurance or graduation fee.

Signature of Applicant

Date

Signature of Father/Mother

Date