

SECTION G: Releases and Signatures

Housing Codes (Please circle one): 1. On-campus 2. Off-campus 3. With parents

Anyone whose information is provided on this form should sign below. The student (and at least one parent, if parental information is given) **must** sign below to make it possible for us to process this form quickly and correctly.

Student _____
 Student's spouse _____
 Father / Stepfather _____ Occupation _____
 Mother / Stepmother _____ Occupation _____

Date completed ____ / ____ / ____

SECTION H: Preparer's Use Only

For preparers other than student, spouse and parent(s).

Certification: All of the information on this form is true and complete to the best of my knowledge.

Preparer's name (last, first, middle initial)	Firm name
Firm or preparer's address (street, city, state, ZIP)	
Employer's identification number (EIN) or Social Security Number (SSN)	

Preparer's signature _____ Date completed ____ / ____ / ____

If you (and your family) have unusual circumstances which may impact your eligibility for student financial aid, please submit a narrative explaining those circumstance(s) with this form.

- Examples:
- tuition expenses at an elementary or secondary school
 - unusual medical or dental expenses not covered by insurance
 - a parent who may have become recently unemployed
 - other unusual circumstances, such as drastic changes in income or assets

PLEASE MAKE SURE THAT YOU HAVE COMPLETED, DATED AND SIGNED THIS APPLICATION AND ENCLOSED A SIGNED COPY OF YOUR MOST RECENT INCOME-TAX RETURN.

Mail the original application to:
 Hillsdale College
 Financial Aid Office
 33 East College St., Hillsdale, MI 49242
 PH: (517) 607-2350 • FX: (517) 607-2298 • www.hillsdale.edu



State/Country Abbreviations

If your place of residence is not on the list below, leave the state abbreviation blank and write the name of your city and territory or country in the space for city on page one.

AL Alabama	FL Florida	ME Maine	NJ New Jersey	SC South Carolina
AK Alaska	GA Georgia	MD Maryland	NM New Mexico	SD South Dakota
AS American Samoa	GU Guam	MA Massachusetts	NY New York	TN Tennessee
AZ Arizona	HI Hawaii	MI Michigan	NC North Carolina	TX Texas
AR Arkansas	ID Idaho	MN Minnesota	ND North Dakota	UT Utah
CA California	IL Illinois	MS Mississippi	OH Ohio	VT Vermont
CO Colorado	IN Indiana	MO Missouri	OK Oklahoma	VI Virgin Islands
CT Connecticut	IA Iowa	MT Montana	OR Oregon	VA Virginia
DE Delaware	KS Kansas	NE Nebraska	PA Pennsylvania	WA Washington
DC District of Columbia	KY Kentucky	NV Nevada	PR Puerto Rico	WV West Virginia
	LA Louisiana	NH New Hampshire	RI Rhode Island	WI Wisconsin
				WY Wyoming

School Use Only

Date received
Date processed

"You" and "Your" on this form refer to the student who wishes to be considered for financial assistance. USE BLACK INK. Please make capital letters and numbers clear and legible. Filling in more than one square per question or making incorrect marks may cause errors in the financial aid award.

SECTION A: You (the student)

1. Last Name	2. First Name	3. M.I.
4. Street Address		Apt. No.
5. City	6. State	7A. Zip Code
7B. E-mail Address		

All mail will be sent to the address above, unless indicated otherwise.

8. Social Security Number (SSN) - -	9. Date of Birth / /	
10A. Permanent Home Telephone Number () -	10B. Cell Phone Number () -	
11. Are You a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	12. State of Legal Residence	13. Date You Became a Legal Resident of That State Month Year
14. Your Driver's License Number		15. State That Issued Your Driver's License

16. As of today, your marital status is (fill in only one square):
 not married (single, widowed or divorced)
 married
 separated from spouse
17. Date you were married, separated, divorced or widowed.
 If divorced, use date of divorce or separation, whichever is earlier. If never married, leave blank.
 Month _____ Year _____

18. When will you complete your bachelor's degree?
 Month _____ Year _____

SECTION B: Your Plans

Answer these questions about your college plans.

19. - 24. Your expected enrollment status for the _____ school year:

School term	full time (12 hrs.)	3/4 time (9 hrs.)	1/2 time (6 hrs.)	less than 1/2 time	not enrolled
19. Fall semester _____(year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Spring semester _____(year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Summer term _____(year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If enrolled less than 1/2 time, you will not qualify for financial aid.

22. Your course of study (See code list):

23. College degree / certificate you expect to receive (select one):
 BA (Bachelor of Arts) BS (Bachelor of Science) ED (Teaching Certificate)

24. Your college academic level during the _____ school year (select one):

- Took college classes while in high school
- 1st year / never attended college
- 1st year / attended college before
- 2nd year / sophomore
- 3rd year / junior
- 4th year / senior
- 5th year / other undergraduate

Course of Study Code List

1) Accounting	18) International Studies in Business and Foreign Language
2) American Studies	19) Marketing Management
3) Art	20) Mathematics
4) Biology	21) Music
5) Chemistry	22) Philosophy
6) Christian Studies	23) Physical Education
7) Classical Studies	24) Physics
8) Comparative Literature	25) Political Economy
9) Computational Mathematics	26) Political Science
10) Economics	27) Psychology
11) Education (Elementary or Secondary)	28) Religion
12) English	29) Sociology
13) European Studies	30) Spanish
14) Financial Management	31) Speech
15) French	32) Theatre
16) German	33) Undecided
17) History	

25. - 28.

In addition to grants, what other types of financial aid are you (and your parents) interested in securing?

25. Student employment Yes No
 26. Student loans Yes No

All students require a credit-worthy cosigner.

27. If you are already in college, do you plan to attend the same college next year? Yes No

SECTION C: Student Status

28. Are you a veteran of the U.S. Armed Forces? Yes No
 29. Are you married? Yes No
 30. Are you an orphan or ward of the court or were you a ward of the court until age 18? Yes No
 31. Do you have legal dependents (other than a spouse?) Yes No

If you answered "No" to every question in Section C, skip questions 32-33, complete 34-38 and the rest of the form.
 If you answered "Yes" to any of these questions in Section C, skip questions 34-38.

SECTION D: Household Information

Student (& spouse, if applicable)

32. Number in your household in _____ year (Include yourself, your spouse and your children):
 33. Number of dependents (include self) in household who will attend college in _____ year:

Parent(s)

34. Your parent(s) current marital status: single separated widowed married divorced
 35. Your parent(s) state of legal residence: Mother Father
 36. Date your parent(s) became legal resident(s) of the state in question 35: Mother Father
 37. Number in your parent(s) household in _____ year (include yourself, your parents and their children):
 38. Excluding parents, number in household who will attend college in _____ year:

SECTION E: _____ Income, Earnings and Benefits
year

- | | Student
(& spouse, if applicable) | Parents |
|---|--------------------------------------|--------------------------|
| 39. The following _____ (year) U.S. income-tax figures are from (fill in one square): | | |
| A) a completed _____ (year) 1040A, 1040EZ | <input type="checkbox"/> | <input type="checkbox"/> |
| B) a completed _____ (year) 1040 | <input type="checkbox"/> | <input type="checkbox"/> |
| C) an estimated _____ (year) 1040A, 1040EZ | <input type="checkbox"/> | <input type="checkbox"/> |
| D) an estimated _____ (year) 1040 | <input type="checkbox"/> | <input type="checkbox"/> |
| E) will not file a _____ (year) income-tax return | <input type="checkbox"/> | <input type="checkbox"/> |

	STUDENT (& SPOUSE)	PARENTS
_____ year Total number of exemptions (Form 1040, 1040A or 1040EZ):	40. <input type="text"/>	<input type="text"/>
_____ year Adjusted Gross Income (AGI: Form 1040, 1040A or 1040EZ):	41. \$ <input type="text"/> .00	\$ <input type="text"/> .00
_____ year U.S. income tax paid (Total Tax on Form 1040, 1040A or 1040EZ):	42. \$ <input type="text"/> .00	\$ <input type="text"/> .00
_____ year Income earned from work (student/father):	43. \$ <input type="text"/> .00	\$ <input type="text"/> .00
_____ year Income earned from work (spouse/mother):	44. \$ <input type="text"/> .00	\$ <input type="text"/> .00
_____ year Untaxed income and benefits (yearly totals only)	STUDENT (& SPOUSE)	PARENTS
Earned Income Credit (Form 1040, 1040A or 1040EZ):	45. \$ <input type="text"/> .00	\$ <input type="text"/> .00
Untaxed Social Security Benefits:	46. \$ <input type="text"/> .00	\$ <input type="text"/> .00
TANF (Public Assistance):	47. \$ <input type="text"/> .00	\$ <input type="text"/> .00
Child support received for all children:	48. \$ <input type="text"/> .00	\$ <input type="text"/> .00
All other untaxed income and benefits:	49. \$ <input type="text"/> .00	\$ <input type="text"/> .00
Total untaxed income:	50. \$ <input type="text"/> .00	\$ <input type="text"/> .00

***A SIGNED, CLEAR COPY OF YOUR MOST RECENT INCOME-TAX RETURN MUST BE INCLUDED WITH THIS APPLICATION.**

SECTION F: Asset Information

	STUDENT (& SPOUSE)	PARENTS
		Age of older parent <input type="text"/>
Cash, savings and checking accounts: (DO NOT include IRAs or other identifiable retirement accounts)	51. \$ <input type="text"/> .00	\$ <input type="text"/> .00
Value of other real estate, including vacation home: (DO NOT include primary residence)	52. \$ <input type="text"/> .00	\$ <input type="text"/> .00
Value of other investments: (Stocks, bonds, etc.)	53. \$ <input type="text"/> .00	\$ <input type="text"/> .00
Value of business/farm, including rental property: (DO NOT include a family farm if primary residence)	54. \$ <input type="text"/> .00	\$ <input type="text"/> .00
Debt against business or farm:	55. \$ <input type="text"/> .00	\$ <input type="text"/> .00

- IF YOU LISTED A BUSINESS OR FARM, PLEASE REQUEST A BUSINESS/FARM SUPPLEMENT FORM FROM THE OFFICE OF STUDENT FINANCIAL AID.**
- MICHIGAN RESIDENTS MUST FILE A FAFSA FORM TO RECEIVE CONSIDERATION FOR THE STATE OF MICHIGAN COMPETITIVE SCHOLARSHIP/TUITION GRANT.**
- IF YOU HAVE QUESTIONS, PLEASE REFER TO THE HILLSDALE COLLEGE FINANCIAL AID WEB SITE AND CONTACT THE FINANCIAL AID COUNSELOR DESIGNATED FOR YOUR AREA OF THE COUNTRY.**