

**SUPPLEMENTAL FINANCIAL AID INFORMATION
FOR CONTINUING CLA STUDENTS
2008-2009 ACADEMIC YEAR**

For Office Use Only
USED.VER _____
Counselor Init. _____
File Complete Date _____

Drew University
Office of Financial Assistance
36 Madison Avenue
Madison, NJ 07940-4063
973/408-3112 • FAX: 973/408-3188



DREW

PERSONAL DATA

Legal name _____
Last First Middle (Complete) Jr., etc.
 _____ - _____ - _____ Social Security Number
 Student ID# _____

Address _____
Number and Street City State Zip

Birth Date / / Month Date Year Year in College (*Fresh., Soph., etc.*) _____ Home Phone # _____

I will not be applying for need-based financial aid

OUTSIDE AWARDS

Will you receive, or do you anticipate receiving, any assistance for 2008/2009 from ANY outside sources? (*check one*) Yes No

If yes, report the source(s) and amount(s) below: (*Please forward a copy of your outside award notice to this office.*)

SOURCE(S)	AMOUNT
_____	_____
_____	_____
_____	_____

If you are not applying for financial aid, skip to the signature section to sign and date.

SUPPLEMENTAL INFORMATION (*Independent students—skip questions 1 and 2). Only list Custodial Parent(s) Information in this section.*)

1. Parents' Employment Information

Mark one: Father Stepfather Legal Guardian Other

Mark one: Mother Stepmother Legal Guardian Other

A. Name _____ Age _____

A. Name _____ Age _____

B. Soc. Sec. # _____ Date of birth _____

B. Soc. Sec. # _____ Date of birth _____

C. Mark if: Self-employed Unemployed - Date: _____

C. Mark if: Self-employed Unemployed - Date: _____

D. Occupation _____

D. Occupation _____

E. Employer _____ Number years: _____

E. Employer _____ Number years: _____

F. Work telephone (_____) _____

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G. Retirement plans: Social Security Union/employer
 Civil service/state IRA/Keogh/tax-deferred
 Military Other

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 Civil service/state IRA/Keogh/tax-deferred
 Military Other

2. Parents' Expenses

	2007	Expected 2008
Child support because of divorce or separation paid by the parent(s) completing this form	\$ _____ .00	\$ _____ .00
Repayment of parents' educational loans for their own educational expenses	\$ _____ .00	\$ _____ .00
Medical and dental expenses not covered by insurance (<i>do not include insurance premiums</i>)	\$ _____ .00	\$ _____ .00

12. Family Member Listing

Give information for all family members. List up to seven other family members here.

If there are more than seven, list those who will be in school or college at least half-time below and the remaining members under the "Explanations/Special Circumstances" section of this form.

	Full name of family member	Use codes from below	Age	Claimed by parents as tax exemption in 2007?		2008-2009	
				Yes	No	Name of school or college	Year in school
1	You – the student applicant			<input type="checkbox"/>	<input type="checkbox"/>		
2				<input type="checkbox"/>	<input type="checkbox"/>		
3				<input type="checkbox"/>	<input type="checkbox"/>		
4				<input type="checkbox"/>	<input type="checkbox"/>		
5				<input type="checkbox"/>	<input type="checkbox"/>		
6				<input type="checkbox"/>	<input type="checkbox"/>		
7				<input type="checkbox"/>	<input type="checkbox"/>		
8				<input type="checkbox"/>	<input type="checkbox"/>		

Write in the correct code from the right.



1 = Student's parent, 2 = Student's stepparent, 3 = Student's brother or sister, 4 = Student's husband or wife, 5 = Student's son or daughter, 6 = Student's grandparent, 7 = Student's stepbrother or stepsister, 8 = Other

EXPLANATIONS/SPECIAL CIRCUMSTANCES

If there are any special circumstances which should be considered when your financial aid application is reviewed, please forward a letter to the Office of Financial Assistance for consideration.

CERTIFICATION STATEMENTS: Student, Spouse, and Parents (if dependent) must sign below.

- I certify that I will use any Federal Title IV, HEA funds I receive during the award year covered by this application solely for expenses related to my attendance at the institution of higher education that determined or certified my eligibility for those funds.
- I certify that I do not have any property subject to a judgement lien for a federal debt.
- I understand that if I am selected for verification, I will need to update family size, number in college and dependency status.

All of the information provided by me or any other person on this form is true and complete to the best of my knowledge. I understand that this application is being filed jointly by all signatories. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my U.S. or state income tax return. I also realize that if I do not give proof when asked, the student may be denied aid.

Signature of APPLICANT _____ Date _____

Signature of SPOUSE (if applicable) _____ Date _____

Signature of MOTHER/STEPMOTHER (if dependent) _____ Date _____

Signature of FATHER/STEPFATHER (if dependent) _____ Date _____

Drew does not discriminate on the basis of race, color, national origin, sex, disability, sexual orientation, and age in the admission of students, in any of its programs or activities, and in its employment practices. Questions concerning this policy, or complaints of discrimination, may be directed to George-Harold Jennings, Affirmative Action Officer, Drew University, Madison, NJ 07940; phone 973/408-3392. (Information provided in compliance with Title IX, Section 504, and the Age Discrimination Act.)