

# Supplemental Financial Aid Form Academic Year 2009–2010

CALVIN  
MINDS IN THE MAKING

## Who should fill out this form?

This form is optional. Complete Calvin's **Supplemental Financial Aid Form** if you feel your family has special financial circumstances that affect your ability to pay for college.

## Use one of the following to complete this form:

- Online application at: [www.calvin.edu/go/supplemental](http://www.calvin.edu/go/supplemental)
- Download the application at: [www.calvin.edu/go/supplemental](http://www.calvin.edu/go/supplemental)
- Complete this paper form.

## When will you hear about the results?

- Prospective first-year students: mid-March through April
- Transfer students: May
- Returning students: June

## QUESTIONS?

Feel free to call us at  
800-688-0122 or 616-526-6134.  
Or, email [finaid@calvin.edu](mailto:finaid@calvin.edu)

To be considered for need-based financial aid at Calvin you are first required to complete the **Free Application for Federal Student Aid (FAFSA)**. The FAFSA determines eligibility for all federal and state need-based aid programs. Calvin also uses this form to determine Calvin's need-based aid eligibility. All students are encouraged to complete the **FAFSA on the Web** ([www.fafsa.ed.gov](http://www.fafsa.ed.gov)). Be sure to list Calvin as one of your college choices using Calvin's federal school code of **002241**.

Calvin's **Supplemental Financial Aid Form** is *optional*. This form gives you the opportunity to more carefully and completely communicate your specific financial circumstances beyond what you provided on the FAFSA. Please be aware that the information you provide on this form may not necessarily result in an increase in financial aid but know that Calvin is committed to partnering with your family so that you receive full consideration of all financial aid for which you qualify.

It is important to complete your application for financial aid by Calvin's published deadlines to receive maximum consideration for aid and to assure timely notification of your awards.

### RECOMMENDED DEADLINES:

**February 15** for prospective first-year students

**March 1** for transfer and returning students

***If you miss the deadline dates you are still encouraged to apply.***

There will still be financial aid available to students who apply after these dates, although funds are limited in some programs.

## Section A: Student Information

Student's name \_\_\_\_\_  
*Last First Middle Maiden*

Permanent address \_\_\_\_\_  
*Number Street City State Zip*

Social security number \_\_\_\_\_ Calvin student number \_\_\_\_\_  
(if known)

## Section B: Parents'/Stepparents' Financial Information — for all dependent students. Independent students continue with Section C.

Father/Stepfather: (circle one)	Mother/Stepmother: (circle one)
Name _____	Name _____
Email _____	Email _____
Occupation _____	Occupation _____
Employer _____	Employer _____

## Section C: Request for Special Consideration based on Special Circumstances — for both dependent and independent students.

A student's eligibility for need-based financial aid is usually determined by the parents' and student's income and assets from the prior calendar year (2008 for the 2009-2010 award year). Standard allowances are made against income for taxes and other necessary expenses. However, adjustments can be made in the evaluation if the family's financial situation changes or if the family incurs unusual expenses.

Special circumstances for which adjustments may be considered include:

1. A reduction in parents' income in 2009 of at least \$5000 from what it was in 2008. Unemployment will be considered only if it has been greater than ten weeks in duration.
2. Tuition paid for children in grade school or high school.
3. The family lives in an area where the cost of living is significantly higher than the national average.
4. A parent will be attending college at least half-time during the 2009-2010 academic year.
5. The family has other non-discretionary expenses, not reported on the FAFSA, that impact the parents' ability to pay for college expenses.

If you wish to request special consideration based on one or more of these circumstances, please complete the appropriate portions of this form.

**1. Reduction in parents' income (for dependent students).** Estimate 2009 income below.

Note: Do **not** report a decrease in parental income that is due to either the loss of overtime or the loss of a bonus. (Independent students who expect to have reduced income in 2009 should make a similar projection of their earnings, together with their spouse's, on the Special Conditions/Circumstances form for independent students at [www.calvin.edu/finaid/forms](http://www.calvin.edu/finaid/forms).)

Caution: If a later review of your 2009 federal tax return or other documentation shows that you underestimated your expected 2009 income, the student's aid eligibility will be adjusted accordingly the following year.

- a. Father's projected 2009 earnings: \$ \_\_\_\_\_
- b. Mother's projected 2009 earnings: \$ \_\_\_\_\_
- c. Severance package, if applicable: \$ \_\_\_\_\_
- d. Projected unemployment compensation: \$ \_\_\_\_\_
- e. Other projected taxable income in 2009 (interest, dividends, alimony received, capital gains (or losses), etc.): \$ \_\_\_\_\_
- f. Adjusted gross income (sum of lines a-e): \$ \_\_\_\_\_
- g. Projected untaxed income in 2009 (include the same types of income included in question 95 on the FAFSA): \$ \_\_\_\_\_
- h. Total projected income for 2009 (sum of lines f and g): \$ \_\_\_\_\_

Please explain, in item #6 of this form, the reason(s) for reduction of income.

**2. Elementary/Secondary tuition.** Indicate the total tuition that will be paid in 2009-2010 for children in kindergarten through grade 12.

Name of child	Educational Information for 2009-2010		Tuition you pay directly to the school
	Name of School	Grade	
			\$
<b>TOTAL Tuition Paid by Family</b>			<b>\$</b>

Do you, the parents, participate in an education plan (i.e. Covenant Plan) through your church that pays all or part of the tuition for your children (K-12)?  Yes  No If yes, please indicate the amount that your church will pay in tuition on behalf of your children for the 2009-2010 school year. Also indicate your total anticipated contributions to your church ministries for the academic year July 1, 2009 through June 30, 2010.

Church name: \_\_\_\_\_

Tuition church pays to the school on your children's behalf: \_\_\_\_\_

Anticipated contributions to your church ministries (July 1, 2009 – June 30, 2010): \_\_\_\_\_

**3. High cost of living.** Please indicate the metropolitan area in which you live or the one nearest to where you live. Explain in item #6 the factors that contribute to the high cost of living in your area. \_\_\_\_\_

4. **Health Care expenses.** An allowance will be considered for medical/dental expenses, health insurance premiums, and co-pays paid during 2008 when these expenses exceed 5% of income. Do not include flex spending amounts. Please itemize and explain below, continuing in item #6 if necessary.

5. **Parent attending college.** If a parent will be attending college at least half-time in 2009–2010, please provide the following information.

a. Will the parent be a degree-seeking student during 2009–2010?  Yes  No

b. Name of college or university: \_\_\_\_\_

c. Estimated cost breakdown (Include only expenses for which you will not be reimbursed):

Tuition: \$ \_\_\_\_\_ Books and supplies: \$ \_\_\_\_\_ Transportation: \$ \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

6. **Other non-discretionary expenses and explanations of special circumstances.** Please itemize and explain below any other expenses that affect your ability to pay college expenses. Use this space also to explain your responses to questions #1, #3, and #4 and any other items on this form or the FAFSA that you feel need to be explained. Use additional paper if necessary.

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

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_

Return completed form to: **Office of Admissions and Financial Aid**  
Calvin College • 3201 Burton Street SE • Grand Rapids MI 49546

**CALVIN**  
College

Office of Admissions and Financial Aid  
616-526-6134 • 800-688-0122 • fax: 616-526-6883  
email: [finaid@calvin.edu](mailto:finaid@calvin.edu) • [www.calvin.edu/admin/finaid](http://www.calvin.edu/admin/finaid)

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