

Mother/[Stepmother] listed above	Father/[Stepfather] listed above
Employer _____	Employer _____
Occupation _____	Occupation _____
Cell Phone (_____) _____	Cell Phone (_____) _____
Email _____	Email _____

INCOME/EXPENSE INFORMATION

2010 housing, food, and other living allowances paid to members of the military, clergy, and others: \$ _____

2011-2012 private elementary & secondary school tuition: (# in these schools, 2011-2012 _____) \$ _____

Do not include the Wooster student or any other child past high school. Be sure to list these private/parochial school(s) in the family grid above.

2011-2012 tuition benefit assistance available for any student [name(s): _____] \$ _____

	<u>PARENTS</u>	<u>STUDENT/SPOUSE</u>
2010 <i>untaxed wages/income earned</i> by _____	\$ _____	\$ _____
2010 <i>untaxed interest/dividend income earned</i> by _____	\$ _____	\$ _____
2010 child support <u>paid</u> for all children by _____	\$ _____	\$ _____
2010 child support <u>received</u> for all children by _____	\$ _____	\$ _____

NON-CUSTODIAL PARENT'S INFORMATION

Complete this section if both of your natural or adoptive parents are not listed in the family grid. We may send your non-custodial parent a financial aid form to determine his/her expected contribution. (If a parent is deceased, check here and leave the section blank.)

Year: of separation _____ divorce _____. If they are not separated or divorced, please explain in the comment section below.

Other parent's name _____	His/her annual child support for you \$ _____
Home address _____	When will it end? _____
Occupation _____	His/her expected contribution towards your educational costs in 2011-2012: \$ _____
Employer _____	Is there a legal agreement specifying this amount? <input type="checkbox"/>
Who claimed you as a tax exemption for 2010? _____	Who will claim you for 2011? _____

COMMENTS

Please bring any special concerns to our attention below or in a separate letter. Tell us if you will be on an off-campus study program or will not be in campus housing. **List all outside scholarships you expect to receive in 2011-2012** and any colleges you attended before Wooster.

REQUIRED SIGNATURES

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 provided on this form. I realize that this proof may include a copy of my U.S. or state, or local income tax returns and that the student may not receive aid if I do not give proof when asked. I agree that if the student receives an endowed scholarship, the College may release information about his/her academic accomplishments and goals, extracurricular activities, and eligibility for the given scholarship.

Student _____	Date _____
Student's Spouse _____	Date _____
Father/[Stepfather] _____	Date _____
Mother/[Stepmother] _____	Date _____

SUBMIT THIS FORM AND ACCOMPANYING DOCUMENTATION BY APRIL 30, 2011 TO: FINANCIAL AID OFFICE, THE COLLEGE OF WOOSTER, WOOSTER, OH 44691, Fax: (330) 263-2634, or Email: financialaid@wooster.edu
Please write the student's name on any enclosures.

NOTICE OF NONDISCRIMINATORY POLICY

The College of Wooster does not discriminate on the basis of age, sex, race, creed, national origin, disability, handicap, sexual orientation, or political affiliation in the admission of students, or their participation in College educational programs, activities, financial aid, or employment.