THE COLLEGE OF WOOSTER
2016-2017 FINANCIAL AID APPLICATION
FOR CONTINUING & RETURNING STUDENTS

This application and the FAFSA (online at www.fafsa.ed.gov) are required for all financial aid except merit scholarships awarded at admission (which are renewed automatically for up to 8 semesters, unless otherwise notified by the Committee on Academic Standards). Our FAFSA school code is 003037. Answer every question.

Submit this completed application, FAFSA, and any requested supporting documentation to the Financial Aid Office by April 30, 2016.

STUDENT APPLICANT’S PERSONAL INFORMATION (Please print all items clearly.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Last</th>
<th>First</th>
<th>M.I.</th>
<th>Wooster ID</th>
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Home Address ____________________________
Telephone # (___)_____-_________
Major(s) ______________________________________
Activities/leadership positions ____________________________
Occupational goals ____________________________________

ADDITIONAL INFORMATION REQUIRED (Read thoroughly before proceeding)

- To apply for Wooster need-based aid and federal aid, including federal student loans, complete the 2016-17 FAFSA on the web and this form.
- If you are applying for a Parent Plus Loan only, complete the 2016-17 FAFSA on the web and the loan application process at www.studentloans.gov. It is not necessary to submit this form.
- Wooster merit scholarships awarded at admission are automatically renewed for up to 8 semesters, unless otherwise notified by the Committee on Academic Standards, and do not require completion of the FAFSA or this form.

Copies of 2015 federal income tax returns and W-2 statements will be requested from families as needed and prior to review of any special circumstances. Your application is complete when we receive this form and your FAFSA electronic report. *Exception – If you are selected by the federal processor for the special Verification review, you will be required to submit additional information. If your application is submitted late, you may receive less aid because of limited funds.

FAMILY/PARENTAL INFORMATION

List below all of the people who live in your household with you. Always list yourself and your parent(s) or stepparent(s) who live with you. Include everyone (siblings or other relatives, for instance) who receive half or more of their support from your parents and who will continue to receive that support between July 1, 2016 and June 30, 2017. List the college(s) family members will attend half-time or more in 2016-2017. [Full-time: F/T; Half-time: H/T] Add lines for additional family members if necessary. We use SSN’s to verify sibling enrollment and parental FAFSA data.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>DoB</th>
<th>SSN</th>
<th>Relationship to Student</th>
<th>The College (if any) this person will attend in 2016-2017</th>
<th>Grade Level in 2016-2017?</th>
<th>F/T-H/T</th>
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<td>Yourself</td>
<td>The College of Wooster</td>
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GRADE LEVEL CODES:
- P. Pre-college
- 0. 1st yr/never attended
- 1. 1st yr/attended college
- 2. 2nd year/sophomore
- 3. 3rd year/junior
- 4. 4th yr/senior
- 5. 5th yr/other undergrad
- 6.1st yr grad/prof school
- 7. continuing grad/prof

1/2/3/4/5/6/7/8
INCOME AND EXPENSE INFORMATION

2015 housing, food, and other living allowances paid to members of the military, clergy, and others: $___________
2016-2017 private elementary & secondary school tuition: (# in these schools, 2016-2017 _____) $___________

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

2016-2017 employer tuition benefit assistance available for any student [name(s):] ________ $___________

PARENTS STUDENT/SPOUSE

2015 untaxed wages/income earned by: $___________ $___________
2015 untaxed interest/dividend income earned by: $___________ $___________
2015 child support paid for all children by: $___________ $___________
2015 child support received for all children by: $___________ $___________

NON-CUSTODIAL PARENT'S INFORMATION

Complete this section unless both of your natural (or adoptive) parents are listed in the family grid on page 1. We may send your non-custodial parent a financial aid form to determine his or her appropriate contribution. (If the parent not listed is deceased, check here ______ and leave the section blank.) Incomplete information in this section may delay the processing of your financial aid package.

Year of your parents' separation: ________ divorce: ________ if they are not separated or divorced, explain in the comment section below.
Other parent's name__________________________
Home address__________________________
Occupation__________________________
Employer__________________________

His/her child support for you: $___________
When does/did child support for you end? ________
His/her expected contribution towards your educational costs in 2016-2017? $___________
Is there a legal agreement specifying this amount? ________
Who claimed you as a tax exemption in 2015? ________
Who will claim you for 2016? ________

COMMENTS

Please bring any special concerns to our attention below or in a separate letter. Tell us if you will not be living in campus housing. List all outside scholarships you expect to receive in 2016-2017 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 _____________
Parent/Step-parent ___________________________ Date _____________
Parent/Step-parent ___________________________ Date _____________

SUBMIT THIS FORM AND ACCOMPANYING DOCUMENTATION BY APRIL 30, 2016, TO:
FINANCIAL AID OFFICE, THE COLLEGE OF WOOSTER, WOOSTER, OH 44691, Fax (330)263-2634, or Email: financialaid@wooster.edu. Please write the students 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.