THE COLLEGE OF WOOSTER
2019-2020 NEED BASED AID APPLICATION
For Continuing & Returning Students
financialaid@wooster.edu
(330) 263-2317 | (800) 877-3688
www.wooster.edu
Fax: (330) 263-2634

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 1, 2019.

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

Name _____________________________________________________________________________  ______________________
Last         First                     M.I.                                            Wooster ID

Home Address ______________________ ______________________________________________ ___________________

Telephone # (____) _____-_______

Major(s) ___________________________________________ Activities/leadership positions

Occupational goals __________________________________

ADDITIONAL INFORMATION REQUIRED (Read thoroughly before proceeding)

• To apply for Wooster need-based aid, complete the 2019-2020 FAFSA on the web and this form.
• If you are applying for a Parent Plus Loan only, complete the 2019-20 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.

We recommend that both the student and the parents (if 2017 tax returns were filed) complete the IRS data retrieval tool process on the FAFSA. Copies of 2017 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, 2019 and June 30, 2020. List the college(s) family members will attend half-time or more in 2019-2020. [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 2019-2020</th>
<th>Grade Level in 2019-2020</th>
<th>F/T- H/T</th>
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1 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
INCOME AND EXPENSE INFORMATION

2017 housing, food, and other living allowances paid to members of the military, clergy, and others: $__________
2019-2020 employer tuition benefit assistance available for any student [name(s):___________________________] $__________

2017 untaxed wages/income earned by: $__________
2017 untaxed interest/dividend income earned by: $__________
2017 child support paid for all children by: $__________
2017 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 annual child support for you: $__________________
When does/did child support for you end? _______________
His/her expected contribution towards your educational costs in 2019-2020? $_________________
Is there a legal agreement specifying this amount?_________
Who claimed you as a tax exemption in 2017? ____________
Who will claim you for 2018? __________________________

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 2019-2020 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 1, 2019, 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.