

III. FAFSA Verification Information

A. Family Size

If you are a **dependent student** required to provide parents' information on the FAFSA, please list:

- Yourself
- Your custodial parent(s), including stepparent (even if you do not live with your parents)
- Your parents' other children (if your parents will provide more than 50% of their financial support between July 1, 2012 and June 30, 2013).
- Other people who live with and receive more than 50% of their financial support from your parents and will continue to receive this support between July 1, 2012 and June 30, 2013.

If you are an **independent student** not required to provide parents' information on the FAFSA, please list:

- Yourself (and your spouse)
- Your children (if they receive more than 50% of their financial support from you and will continue to receive this support between July 1, 2012 and June 30, 2013).
- Other people who live with and receive more than 50% of their financial support from you and will continue to receive this support between July 1, 2012 and June 30, 2013.

Name	Relationship	Age	2012-2013 College Enrollment
1. You	Self		<input type="radio"/> Half-time or greater at Emmanuel College <input type="radio"/> Less than half-time at Emmanuel College
2.	Parent		<input type="radio"/> Half-time or greater at _____ Name of College/University <input type="radio"/> Less than half-time at _____ Name of College/University <input type="radio"/> Will not be attending college
3.			<input type="radio"/> Half-time or greater at _____ Name of College/University <input type="radio"/> Less than half-time at _____ Name of College/University <input type="radio"/> Will not be attending college
4.			<input type="radio"/> Half-time or greater at _____ Name of College/University <input type="radio"/> Less than half-time at _____ Name of College/University <input type="radio"/> Will not be attending college
5.			<input type="radio"/> Half-time or greater at _____ Name of College/University <input type="radio"/> Less than half-time at _____ Name of College/University <input type="radio"/> Will not be attending college
6.			<input type="radio"/> Half-time or greater at _____ Name of College/University <input type="radio"/> Less than half-time at _____ Name of College/University <input type="radio"/> Will not be attending college

Note: Half-time is usually considered two courses per semester. If you have more than six family members, please attach an additional sheet.

E. Asset Information

Student/Spouse		Asset Information	Parent(s)	
Value	Debt		Value	Debt
\$ Do not leave blank	X	Cash, Savings, Checking	\$ Do not leave blank	X
\$ Do not leave blank	X	Investments (stocks, bonds, CDs. Do not include retirement accounts)	\$ Do not leave blank	X
\$ Do not leave blank	\$ Do not leave blank	Home (primary residence)	\$ Do not leave blank	\$ Do not leave blank
\$ Do not leave blank	\$ Do not leave blank	Other Real Estate (rental property, vacation home, etc.)	\$ Do not leave blank	\$ Do not leave blank
\$ Do not leave blank	\$ Do not leave blank	Business/Farm: Does your business employ more than 100 full-time employees? <input type="radio"/> Yes <input type="radio"/> No	\$ Do not leave blank	\$ Do not leave blank

IV. Comments (optional)

- Please check off if attaching an additional sheet providing information regarding special circumstances that might be helpful when assessing your financial need.

V. Permission to Share Information/Certification of Accuracy

I understand the Office of Student Financial Services at Emmanuel College may have to discuss my tax return or other personal information with my child/parent/spouse or other College officials to clarify his/her eligibility for financial aid.

I attest that the information in this application and all submitted supporting documentation is true and complete to the best of my knowledge. I know that I am required to notify Emmanuel College if I receive other scholarships or grants not reported on my Financial Aid Award Letter and I understand that changes to my enrollment or housing status may affect my eligibility for financial assistance. I understand my financial aid is estimated until all requested documentation is submitted and the verification of application data is complete. Please print, sign and submit to the Office of Student Financial Services.

.....
Student's Signature

.....
Date

.....
Parent's Signature

.....
Date

.....
Parent's Cell Phone

.....
Parent's Work Phone

.....
Parent's E-mail

Please return this signed application to:



EMMANUEL COLLEGE

Office of Student Financial Services
400 The Fenway
Boston, MA 02115

or

fax to (617) 735-9939

or

e-mail at financialservices@emmanuel.edu

Application Checklist

NOTE: Only complete applications will be processed.

Please review this application to ensure:

- All sections have been completed, that either an amount or a "0" (zero) has been entered where designated.
- Parent and student signed the application.