

Kuyper College

Supplemental Information Form

Fall 2009 – Winter 2010

Student Name _____ Social security/insurance number _____

A student's eligibility for need-based financial aid is determined by the student's/spouse and/or parent's income and assets from the prior calendar year (2008 for the 2009-2010 award year) based on information provided in the 2009-2010 FAFSA (Free Application for Federal Student Aid). However, adjustments can be made if the family's financial situation changes or if the family incurs unusual expenses for any of the following reasons:

1. Income reduction in 2009 from what it was in 2008
2. Excessive medical / dental expenses, health insurance premiums and co-pays during 2008
3. K-12 private school tuition paid for siblings or children (*not including student applicant*)
4. High cost of living
5. Degree-seeking parent enrolled in college, half-time or more

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

Income reduction — Circle the appropriate circumstance which applies to the student's situation:

Unemployment /Change in employment Divorce /Separation Disability of student

Death of spouse /Death of parent Date of the change _____

Please fill in anticipated income for January – December 2009.

| | |
|--------------------------------------------------------|-----------------|
| 1. Father's projected 2009 earnings: | \$ _____ |
| 2. Mother's projected 2009 earnings: | \$ _____ |
| 3. Student's projected 2009 earnings | \$ _____ |
| 4. Spouse's projected 2009 earnings | \$ _____ |
| 5. Total other taxable income (including unemployment) | \$ _____ |
| 6. Untaxed social security benefits | \$ _____ |
| 7. FIA assistance | \$ _____ |
| 8. Child support received | \$ _____ |
| 9. Other untaxed income | \$ _____ |
| Total projected income | \$ _____ |
| Projected income tax paid | \$ _____ |

Excessive Medical/Dental Expenses — An allowance for medical/dental expenses is already built into the financial aid formula. Answer the following question only if your family expenses exceed five percent of parental 2008 income. If independent, answer only if expenses exceed five percent of personal (and spousal, if you are married) income.

Total amount of family medical/dental expenses not covered by insurance in 2008: \$ _____

You must attach documentation (i.e. itemized deductions from federal 1040 tax form).

K-12 Private school tuition paid for siblings or children – The Financial Aid Office recognizes that the student and/or the family may incur private school tuition expenses for 2008 that may affect paying for college. The student’s financial aid eligibility will be re-evaluated based on the following information the student provides the Financial Aid Office at Kuyper College.

1. List family members and the amount of tuition paid out-of-pocket for each.
2. Please provide proof of tuition payments from the school.
3. Applicable from January –December 2008 (calendar year).
4. **Do not include tuition paid for the student applicant or payments made through your church.**

| Name | Age | Relationship | Tuition paid 2008 |
|------|-----|--------------|-------------------|
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High Cost of Living

Provide the City and State where you currently reside to be reviewed for this category.

City _____ State _____

Degree Seeking Parent Enrolled In College

College name _____

Other special circumstances – Please itemize giving specific dollar amounts and explain any unusual situations. (Attach a sheet of paper if more space is needed)

*****I/We certify that all of the information on this form is true and complete, to the best of my/our knowledge.**

Student signature _____ Date _____

Spouse signature _____ Date _____

Parent signature _____ Date _____



For more specific information, please contact the Financial Aid Office:
 3333 East Beltline NE, Grand Rapids MI 49525-9749
 P. 800-511-3749 F. 616-222-3045
 www.kuyper.edu