

# Kuyper College

## Supplemental Information Form

### Fall 2010 - Winter 2011

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 (2009 for the 2010-2011 award year) based on information provided in the 2010-2011 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 2010 from what it was in 2009
2. Excessive medical / dental expenses, health insurance premiums and co-pays during 2009
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 2010.

1. Father's projected 2010 earnings:	\$ _____
2. Mother's projected 2010 earnings:	\$ _____
3. Student's projected 2010 earnings	\$ _____
4. Spouse's projected 2010 earnings	\$ _____
5. Total other taxable income (including unemployment)	\$ _____
6. Untaxed social security benefits	\$ _____
7. FIA assistance	\$ _____
8. Child support received	\$ _____
9. Other untaxed income	\$ _____
<b>Total projected income</b>	<b>\$ _____</b>
<b>Projected income tax paid</b>	<b>\$ _____</b>

**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 2009 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 2009: \$ \_\_\_\_\_

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 2009 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 2009 (calendar year).
4. **Do not include tuition paid for the student applicant or payments made through your church.**

Name	Age	Relationship	Tuition paid 2009

**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