

Kuyper College

Supplemental Information Form

Fall 2017 – Winter 2018

Section A: Student Information

Student's name:

Last

First

Middle

Permanent address:

Number Street

City

State

Zip

Social security 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 (2015 for the 2017-2018 award year) based on information provided in the 2017-2018 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:

Section B: Request for Special Consideration Based on Special Circumstances

1. Reduction in income. Estimate 2017 income below if there has been (or will be) a **reduction** from income in 2015. Please determine unemployment benefits before projecting income due to job loss.

- | | |
|---|-------|
| a. Father's projected 2017 earnings: | \$ |
| _____ | _____ |
| b. Mother's projected 2017 earnings: | \$ |
| _____ | _____ |
| c. Student's projected 2017 earnings: | \$ |
| _____ | _____ |
| d. Student spouse's projected 2017 earnings: | \$ |
| _____ | _____ |
| e. Severance package if applicable: | \$ |
| _____ | _____ |
| f. Projected unemployment compensation: | \$ |
| _____ | _____ |
| g. Other projected taxable income in 2017 (interest, dividends, alimony received, capital gains (or losses), etc.): | \$ |
| _____ | _____ |
| h. Total income (sum of lines a – g): | \$ |
| _____ | _____ |
| i. Projected untaxed income in 2017 (include the same types of income included in question #94 on the FAFSA): | \$ |
| _____ | _____ |
| j. Total projected income for 2017 (sum of lines h + i): | \$ |
| _____ | _____ |

2. High cost of living.

Please indicate the city and state (or province) in which you live:

Explain the factors that contribute to the high cost of living in your area. Please use a separate page with the student's name at the top.

3. Exceptional health care expenses. Please itemize and explain exceptional medical/dental expenses paid in 2015. Do not include expenses paid by health savings or flex spending accounts. Please use a separate page with the student's name at the top.

4. Degree-seeking parent enrolled in college (Documentation required).

College name:

5. Elementary/Secondary tuition.

Indicate the total tuition that was paid in 2015-2016 for children in grades K-12.

Name of child	Educational Information for 2015-2016		Tuition
	Name of School	Grade	
			\$
a. TOTAL Tuition			\$
Reductions to Tuition Charges - List any tuition assistance received from:			
Church:			\$
School (student scholarships/financial aid):			\$
T.R.I.P. (Tuition Reduction Incentive Program):			\$
Other (grandparents/other family members, friends, etc.):			\$
b. TOTAL Reductions			\$
Subtract total reductions (b) from total tuition (a) - TOTAL Tuition you will pay			\$

6. Other special circumstances. Please itemize giving specific dollar amounts and explaining any unusual situations. Please use a separate page with the student's name at the top.

Section C: Certifications	
*** 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: _____
Parent Name: _____	
Parent Signature: _____	Date: _____
Spouse Name: _____	
Spouse Signature: _____	Date: _____



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