

# SAGE COLLEGE

## 2011-2012 STUDENT FINANCIAL AID APPLICATION

Please complete this Form and the Free Application for Federal Student Aid.

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### SECTION A TELL US ABOUT YOURSELF

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NAME: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Initial Social Security Number

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ DRIVER'S LICENSE NO: \_\_\_\_\_ STATE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE:( \_\_\_\_ ) \_\_\_\_\_ CELL PHONE:( \_\_\_\_ ) \_\_\_\_\_ **MAY WE TEXT YOU?** \_\_\_\_\_

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Current Employer	Address	City	State	Zip	Phone
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**IN CASE OF AN EMERGENCY, CONTACT: NAME:** \_\_\_\_\_ **PHONE:** ( \_\_\_\_ ) \_\_\_\_\_

**\*\* PLEASE NOTE: REFERENCES MUST BE COMPLETED IN FULL.**

SPOUSE'S NAME: \_\_\_\_\_ PHONE: ( \_\_\_\_ ) \_\_\_\_\_

SPOUSE'S EMAIL: \_\_\_\_\_ CELL PHONE:( \_\_\_\_ ) \_\_\_\_\_

SPOUSE'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_ PHONE: ( \_\_\_\_ ) \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ PHONE:( \_\_\_\_ ) \_\_\_\_\_

PARENT'S EMAIL: \_\_\_\_\_ CELL PHONE:( \_\_\_\_ ) \_\_\_\_\_

PARENT'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_ PHONE:( \_\_\_\_ ) \_\_\_\_\_

PARENT'S MARITAL STATUS? SINGLE, DIVORCED OR WIDOWED [  ] MARRIED [  ] SEPARATED [  ]

A FRIEND/RELATIVE'S NAME: \_\_\_\_\_ PHONE:( \_\_\_\_ ) \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE:( \_\_\_\_ ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

A FRIEND/RELATIVE'S NAME: \_\_\_\_\_ PHONE:( \_\_\_\_ ) \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE:( \_\_\_\_ ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR THE EQUIVALENT (GED)? YES \_\_\_ WHEN \_\_\_/\_\_\_/\_\_\_ NO \_\_\_

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**SECTION B FEDERAL VERIFICATION REQUIREMENTS**

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IF YOUR FEDERAL APPLICATION WAS SELECTED FOR REVIEW IN A PROCESS CALLED "VERIFICATION" YOU MUST:

- Submit signed copies of your and your spouse's 2010 financial documents to the school if you are independent, or *copies of your and your parents' 2010 financial documents if you are applying as a dependent student*. This information is covered under the privacy act of 1974 as explained in the instructions for the application for federal student aid. (**You are considered Independent of you were born before 1/1/88.**)
- You must also complete the 2011-2012 verification worksheet provided by the financial aid office.

**WHAT THE LAW SAYS:**

- The law says that you may be subject to a fine, a prison sentence, or both, if you purposely give false or misleading information on the verification worksheet.
- The law says that we have the right to ask you for information before giving you any financial aid (Title IV of the Higher Education Act, as amended).
- The law says that we must review the information that you provide to us (student financial aid program regulations: C.F.R. Title 34, part 668).
- **In addition, when you sign the Free Application for Federal Student Aid (FAFSA)** you certify that you understand that the Secretary of Education has the authority to verify information reported on the FAFSA with the Internal Revenue Service and other federal agencies.

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**SECTION C TELL US ABOUT CHILD SUPPORT RECEIVED**

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Did you, your spouse, or your parents receive child support in 2010? YES \_\_\_ NO \_\_\_  
If yes, list the total amount received. \$ \_\_\_\_\_

Did you, your spouse, or your parents pay child support in 2010? YES \_\_\_ NO \_\_\_  
If yes, list the total amount paid. \$ \_\_\_\_\_

*The amount listed should include payments received as a result of a court order as well as payments voluntarily provided.  
Please provide documentation, if it is available to you*

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**SECTION D TELL US ABOUT YOUR FAMILY SIZE**

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**INDEPENDENT STUDENTS:** List the people in your household, include: yourself, and your spouse if you have one, and your children, if you will provide more than half of their support from July 1, 2011 through June 30, 2012, and other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2011 through June 30, 2012. Also write in the name of the college for any household member, excluding your parent(s), who will be attending college at least half time between July 1, 2011 and June 30, 2012.

**DEPENDENT STUDENTS:** *List the people in your parents' household*, include: yourself and your parent(s) (including stepparent) even if you don't live with your parents, and your parent's other children, even if they don't live with your parent(s), if (a) your parents will provide more than half of their support from July 1, 2011 through June 30, 2012, or (b) the children would be required to provide parental information when applying for Federal Student Aid, and other people if they now live with your parents, and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2011 through June 30, 2012. Also write in the name of the college for any household member, excluding your parent(s), who will be attending college at least half time between July 1, 2011 and June 30, 2012.

\* AN UNBORN CHILD MAY BE INCLUDED IN HOUSEHOLD SIZE IF THE CHILD IS DUE FOR DELIVERY PRIOR TO 7/1/12.

	FULL NAME	AGE	RELATIONSHIP	COLLEGE	CITY	STATE
1.	_____	\ \	\ \	\ \	\ \	\ \
2.	_____	\ \	\ \	\ \	\ \	\ \
3.	_____	\ \	\ \	\ \	\ \	\ \
4.	_____	\ \	\ \	\ \	\ \	\ \
5.	_____	\ \	\ \	\ \	\ \	\ \
6.	_____	\ \	\ \	\ \	\ \	\ \

**LIST ADDITIONAL FAMILY MEMBERS ON A SEPARATE SHEET**

DO YOU PAY CHILD CARE EXPENSES? YES \_\_\_ NO \_\_\_ IF SO, FOR HOW MANY OF YOUR CHILDREN? \_\_\_\_\_

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**SECTION E**

**SIGN THIS FORM/ CERTIFICATION**

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BY SIGNING THIS FORM, I /WE CERTIFY THAT ALL THE INFORMATION REPORTED TO QUALIFY FOR FEDERAL AID IS COMPLETE AND CORRECT, TO THE BEST OF MY/OUR KNOWLEDGE.

WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION, YOU MAY BE SUBJECT TO A FINE, A PRISON SENTENCE, OR BOTH.

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<b>YOUR SIGNATURE (STUDENT)</b>	<b>REQUIRED</b>	<b>DATE</b>
<i>PARENT'S SIGNATURE</i>	<i>REQUIRED IF DEPENDENT STUDENT</i>	<i>DATE</i>

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**SECTION F**

**CERTIFICATIONS**

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I certify that I will use all Title IV money received only for expenses related to my program of study at this postsecondary school.

I certify that I do not owe a refund on any grant or loan, I am not in default on any loan or have made satisfactory arrangements to repay any defaulted loan, and have not borrowed in excess of the loan limits, under Title IV programs at any institution. I will notify your school if I default on a federal student loan and I will not receive a Federal Pell Grant for more than one school for the same period of time.

I understand that I must be enrolled, in good standing, and that I must maintain satisfactory progress in order to receive financial aid payments. If a loan is part of my financial aid for attendance at this school, I hereby give the school my permission to contact the lender, guarantee agency and/or holder of the note to provide or request information about my loan.

**YOUR SIGNATURE (STUDENT):** \_\_\_\_\_ **DATE** \_\_\_ / \_\_\_ / \_\_\_

**PARENTS SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_ / \_\_\_ / \_\_\_

*IF APPLYING FOR PARENT LOAN (PLUS)*

-----O-F-F-I-C-E---U-S-E---O-N-L-Y-----  
REQUEST FOR SPECIAL CONSIDERATION:

\_\_\_IND. \_\_\_DEP. \_\_\_PROF. JUDG. \_\_\_D. OVERRIDE \_\_\_ VERIFY \_\_\_A.Y. (1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup>, ECT.)

UNUSUAL CIRCUMSTANCES (INCLUDING BUT NOT LIMITED TO 2010 MEDICAL EXPENSES NOT COVERED BY INSURANCE AND/OR 2010 PRE-SCHOOL, ELEMENTARY, AND SECONDARY SCHOOL TUITIONS) MUST BE FULLY DOCUMENTED AND APPROVED BY THE SCHOOL FOR COST OF ATTENDANCE CONSIDERATION UNDER THE PROVISIONS OF PROFESSIONAL JUDGEMENT. COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

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SCHOOL REPRESENTATIVE

DATE