

Name	Smith ID or Last 4 digits of SSN:
Email Address:	Date of Birth:

The information you provide on this document will help us determine your eligibility for aid in 2019-20.

Enrollment plans for 2019-20

Estimated number of credits:

Fall Semester ___ Full time (16 or more credits) ___ Full time (12-15 credits) ___ Part time (8-11 credits)
 Spring Semester ___ Full time (16 or more credits) ___ Full time (12-15 credits) ___ Part time (8-11 credits)

2. Housing (check one):

- College housing (Room Only) Off campus
- College housing (Room & Board)
- College housing (Conway House)

3. Number of miles from home to campus (one way) _____

Please be aware that final housing decisions are made by the Office of Residence Life. The information you share on this form is not directly communicated to the Office of Residence Life. You must follow the Office of Residence Life process to secure on campus housing. Once your housing has been finalized for the upcoming year, your award will be adjusted, if necessary.

Household Information

Give information for yourself and all others in your household for 2019-2020, whether enrolled in school/college or not, and notify us of changes. Include anyone dependent on you for support or anyone who shares the support of the household. Attach an extra page to list additional members.

Full Name	Age	Relationship	If school age, name of school/college in 2019-20

Do you expect to have child care expenses in 2019-20? _____
 If yes, how much? _____ For how many children? _____

Outside Scholarships and Interest Free Loans (Policy can be found at www.smith.edu/about-smith/sfs/financial-aid/ada/outside)

If you expect to receive any outside scholarship or loan awards for 2019-20, please complete the information below. Do not include Federal Pell or State grants, Federal Direct or Perkins loans.

	Name of award	Amount	Type (Scholarship or loan)
1.	_____	_____	_____
2.	_____	_____	_____

It is your responsibility to inform us of outside aid; if we learn of any outside awards after July 1, the grant portion of your award may be reduced by the full amount of the award.

Income Information

Your employer/occupation _____

Will you continue to work for this employer during the
2019-2020 school year? Yes No

Spouse's employer/occupation _____

Are you or your spouse self-employed? Yes No

Does the family hold an interest in any business or farm?
 Yes No

Title(s) or position(s): _____

Send a copy of the most recent IRS corporate or partnership
return if other than sole proprietorship.

Indicate the expected income for you and your spouse/partner:

Income	2018 (Yourself)	2019 (Yourself)	2020 (Yourself)	2018 (Spouse/Partner)	2019 (Spouse/Partner)	2020 (Spouse/Partner)
Paid work and tips						
Worker's Compensation						
Social Security/SSI						
Child Support						
Alimony						
Housing Allowance (military, clergy)						
Voluntary contributions to tax-deferred retirement program						
Other (Specify)						

Student (and Spouse) Assets:

Asset type	Current Market Value	Current Debt	Year of Purchase
Primary Home			
Other Real Estate			
Cash and Savings		N/A	N/A
Investments (Stocks, bonds, mutual funds, etc.)		N/A	N/A
Trust Funds		N/A	N/A
Other (Specify)		N/A	N/A

I/we certify that all information presented is correct at this time, and that I/we will send timely notification of any significant change in resources or family situation, or of the receipt of other scholarships or grants.

Applicant's signature _____

Date _____

Signature of spouse or partner _____

Date _____