

COLLEGE OF THE ATLANTIC 105 Eden Street Bar Harbor, ME 04609 2016-2017 APPLICATION FOR FINANCIAL AID

Instructions

- In order to be considered for both federal and institutional aid at College of the Atlantic you must complete this form AND the Free Application for Federal Student Aid (FAFSA www.fafsa.gov).
- o Priority filing deadline is February 15, 2016 for Regular Admission.
- o If a question does not apply, put "N/A" or "0" in the answer space. DO NOT LEAVE BLANK ANSWERS.
- o Return this application (no later than February 15) as well as copies of 2015 federal income tax returns to the Financial Aid Office by mail or fax (207.288.4126).

Additional Information and Supplemental Forms

- o If your parents are divorced or separated, the parent you live with completes the "Parents" sections of this form (this <u>must</u> include a step-parent's information in the case of a remarriage).
- The noncustodial parent must complete the *COA Noncustodial Parent Declaration of Finances* form, which can be downloaded at http://www.coa.edu/coa-forms.htm if needed, and submit a copy of their 2015 federal tax return.

Name and Address of Applicant (please print)

First	MI	Last	
Street or P.O.	City	State	Zip
Phone ()		email	
Date of Birth//	Year	Social Security #_	/
Please check one of the following: N	ew applicant	Transfer applicant	Returning student
For which term are you applying?	Fall 2016	Winter 2017 S	Spring 2017
1. Parents' Information: If your "Parents" sections of this form; thi (Circle one) Stepparent's//Parent's	s must include a sto	ep-parent's information in the case	of a remarriage.
(Circle one) Stepparent's//Parent's	name #2		Age
Street address			
City, State, Zip			
Parent's #1 Occupation/Title		Employer	
Parent's #2 Occupation/Title		Employer	
2. a) Student's natural or adoptive [] Married [] Separated [] I [] Never Married [] Widow	Divorced Date of	divorce or separation	
b. Name of person who claimed str	ıdent as a depende	nt on most recent U.S. income tax	return

3. If student's natural or adoptive par Year of separation		of divorce		rried, pleas	se provide the	e following in	formation:
Other parent's name:			_				
Address: Street or PO Box							
Street or PO Box		City		State		Zip	
Phone:()							
Occupation:							
 Household Information List ALL family members who your parents between July 1, 2 Include YOURSELF Include your PARENT(s) 			ehold <u>tha</u>	t will receiv	e more than l	half their sup	port from
List all household members.		Name of Colleg		Year in	Check appropriate Box		
	Age	2016-2017; enter COA for		college	full-time	half-time or more	less than half-time
Year purchased Pur What is it worth now? \$ Parents' monthly home mortgage or ref. 5. Untaxed Income Please Note: On the FAFSA, there are to be an area where many families melist common sources of untaxed incomplete income. If you did not receive income.	How rental pays re question ake errors me. Please	much is owed on it ment \$ s about untaxed inc in the financial aid refer to 2015 incor	? \$ome. This application information.	category of n process. T ation and the	he following o		
		Students		Parents		Enter ANN	UAL amounts
Payments to tax-deferred pension plans such as 401(K) or 403(B)	\$		\$				
Deductible IRA/Keogh Payments	\$		\$				
Housing or living allowances paid to military, clergy, and others including capayments and cash value of benefits	\$	22222	\$				
Child support received	\$		\$				

		Purchase Price	Date of Purchase	Current Value			
		\$		\$			
Are you the beneficiary of any trust(s)?	Yes* []*Send c	opy of most recent 1041	. No[]				
Established by	When?	Type of trust	Tot	Total value:\$			
Are you a citizen of the United States? Yes							
Your Visa Status?	Your alien registration number?						
have not received a response yet. You are here or not. To maximize your benefits, reletter/check). Include any anticipated VA b	port final scholars benefits.						
2)	5						
3)		5)					
9. Comments Please use this space and any additional pages.	ges, if necessary,	for comments you may w	rish to add.				
STATEMENT OF UNDERSTANDING							
/we understand that information provided on agencies from which we are requesting aid, an shared with donors if aid is offered and accept	d with colleges in						
/we certify that all information presented here assets, in family situation, in the college plans known.							
Signature of Parent(s) or guardian(s)			Date				
			Date				
-							

O Did you list yourself and your parent(s) in Part 4, Household Information?

- O Did you leave any blank answers? If so, please fill them in as requested. Use "N/A" or "0" if necessary.
- O Remember to follow up and provide final information about all outside scholarships to COA by July 1.
- O Be sure to provide copies of 2015 taxes.

7. Student applicant information