



# APPLICATION FOR NEED-BASED ASSISTANCE

(2009-10 Current Students)

PLEASE TYPE OR PRINT IN BLACK INK

Student's Full Name \_\_\_\_\_ Student ID Number \_\_\_\_\_  
Home Mailing Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ Living Unit \_\_\_\_\_  
(next academic year-residence hall, greek unit or other University-owned housing)  
Date you completed or will complete the FAFSA/FAFSA Renewal Application Form \_\_\_\_\_ Student Cell Phone Number \_\_\_\_\_  
Which IRS form will you file for 2008? \_\_\_\_\_ 1040EZ \_\_\_\_\_ 1040A \_\_\_\_\_ 1040 (long form) \_\_\_\_\_ will not file

### FAMILY MEMBERS

List all family members (include your parents) who will receive one-half of their support from your parent income from July 1, 2009 through June 30, 2010. Do not include in the number in college someone who expects to graduate in 2009 and will not go on to graduate school.

Number of family members (from listing below): \_\_\_\_\_  
Number of these family members who will attend college at least halftime during 2009-10: \_\_\_\_\_

### FAMILY MEMBERS - List full name and relationship to applicant.

2009-10 Year

Name	Age	Relationship to student	Will attend college		Name of school or college attending in 2009-10
			Full time	Halftime	
Student Applicant					

### PARENT INFORMATION

How much do the parent(s) named below plan to contribute to the student's education for the 2009-10 school year? \_\_\_\_\_

MARK ONE:  Father  Stepfather

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

Employer: \_\_\_\_\_ No. Years: \_\_\_\_\_

If unemployed, date of last employment: \_\_\_\_\_

Self-Employed:  Yes  No

Work Phone # \_\_\_\_\_

2008 medical and dental expenses not covered by insurance or a flexible spending plan: \_\_\_\_\_

MARK ONE:  Mother  Stepmother

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

Employer: \_\_\_\_\_ No. Years: \_\_\_\_\_

If unemployed, date of last employment: \_\_\_\_\_

Self-Employed:  Yes  No

Work Phone # \_\_\_\_\_

Total elementary, junior high and high school tuition paid for dependent children not covered by scholarships:  
Amount Paid \_\_\_\_\_ For how many children \_\_\_\_\_

### PARENT ASSETS

Today's Value

Debt

Home \_\_\_\_\_

Year home was purchased \_\_\_\_\_

Purchase price \_\_\_\_\_

Monthly home mortgage payment or rent \_\_\_\_\_

Business \_\_\_\_\_

Do you own all or part of a corporation?  Yes  No If yes, is it:  SCorp  CCorp  LLCorp

### UNTAXED INCOME

Child support received for all family members 2008 \_\_\_\_\_

Ministerial/Military housing allowance 2008 \_\_\_\_\_

Payments to tax-deferred pension and savings plans 2008 \_\_\_\_\_

(IRA, Keogh, 401K and 403B, etc.)

### DIVORCED, SEPARATED OR REMARRIED PARENTS

Year of Divorce \_\_\_\_\_ Year of Separation \_\_\_\_\_

Other Parent's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Please add any items or special circumstances that may require further explanation on the back of this form.

### CERTIFICATION:

I certify the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I will provide documentation of this information. I understand that this documentation will include, but is not limited to, a copy of our federal income tax returns. I also understand that if documentation is not provided, the applicant may not receive financial aid.

Student's signature \_\_\_\_\_ Parent signature \_\_\_\_\_

### RETURN THIS FORM TO:

DePauw University Financial Aid Office • 101 E. Seminary St. • P.O. Box 37 • Greencastle, IN 46135-0037  
765.658.4030 • Fax 765.658.4137