

# LUTHER COLLEGE

Name \_\_\_\_\_

Luther ID \_\_\_\_\_

## 2009-10 Continuing Student Supplemental Financial Aid Application

This form is required of all students prior to determining eligibility for need-based financial assistance. Please complete the information below and submit this form to the Financial Aid Office. Additionally, you must complete and submit a 2009-10 electronic FAFSA/Renewal FAFSA at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) (recommended) or a paper FAFSA. **We strongly recommend that you complete this Supplemental Application and the FAFSA at the same time. For priority aid consideration, please submit both forms by March 1, 2009.** The Luther College Code for your FAFSA processing is 001874. **This form does not apply to international students.**

\*\*\*\*\*

1. When do you expect to graduate? Month \_\_\_\_\_ Year \_\_\_\_\_ Expected Major \_\_\_\_\_  
**If you will already have your bachelor's degree and will be returning for a credential or 2nd degree, please stop into the Financial Aid Office for the 2009 - 10 Post-Bachelor Financial Aid Request Form and other required forms.**
2. For how many credits do you expect to register in 2009 - 10 terms: Fall \_\_\_\_\_ January \_\_\_\_\_ Spring \_\_\_\_\_  
**Note: You must be a full-time student (12 or more credits) to receive Luther grant assistance or to work on campus.**
3. What are your housing plans? Campus Housing \_\_\_\_\_; Off-Campus Apartment \_\_\_\_\_; With parents or relatives \_\_\_\_\_
4. Will you participate in either an abroad or other off-campus program fall 2009 or spring 2010? \_\_\_\_\_ If so, when? \_\_\_\_\_  
 Indicate planned program below. (January-Term programs are looked at separately once the academic year has begun.)  
**U.S. Off-Campus Programs:** Rochester Nursing \_\_\_\_\_; Social Work Intern \_\_\_\_\_; Student Teaching \_\_\_\_\_  
 Lutheran College Washington Sem. \_\_\_\_\_; Commonweal Theater \_\_\_\_\_; Other \_\_\_\_\_  
**Study-Abroad Programs:** Nottingham \_\_\_\_\_; Malta \_\_\_\_\_; Other Luther S/A Program \_\_\_\_\_  
 Non-Luther Programs: Location \_\_\_\_\_ Program (e.g. IES, ISA) \_\_\_\_\_
5. List all family members who will be supported in your household during the 2009 - 10 academic year. If your parents are divorced or separated, provide the information for the parent you used last year. If that parent is remarried, you must include the stepparent as well. Also list the college information for all family members who will be attending college at least half time during the 2009 - 10 academic year.

Name	Age	Relationship to Student	If in college at least halftime during 2009 - 10: List name of college      List year in college	
_____	_____	<b>SELF</b>	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. List outside scholarship amounts as well as the monthly amount of any Veterans Education Benefits you expect to receive for the 2009 - 10 academic year.

<u>NAME</u>	<u>\$ AMOUNT</u>	<u>RENEWABLE (yes/no)</u>
_____	_____	_____

7. Legally required child support paid by student or parent during the calendar year 2008. \$ \_\_\_\_\_
8. If there are any special circumstances that affect your ability to contribute or your parents' ability to contribute to your educational expenses, please attach a letter outlining these circumstances. Instructions for reporting and documenting the most common circumstances can be found on the forms section of the Financial Aid website, [finaid.luther.edu](http://finaid.luther.edu), under Special Circumstances Reporting Information. It is important that you be specific when listing expenses or changes to income by giving dollar amounts. Please attach any relevant documentation and signed copies of parent and student 2008 federal tax returns.

Completion of this section is required to meet federal verification requirements for many aid applicants. Failure to complete and sign this section of the application may require you to complete additional paperwork at a later date.

**Report the amount received during calendar year 2008**

<u>Student/Spouse</u>	<u>Parents</u>
\$ _____ Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Form in Boxes 12a through 12d, codes D, E, F, G, H, and S.	\$ _____
\$ _____ IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040 – line 28 + line 32 or 1040A – line 17.	\$ _____
\$ _____ Child support received for all children. Don't include foster care or adoption payments.	\$ _____
\$ _____ Tax-exempt interest income from IRS Form 1040 – line 8b or 1040A – line 8b.	\$ _____
\$ _____ Untaxed portions of IRA distributions from IRS Form 1040 – lines (15a minus 15b) or 1040A – lines (11a minus 11b). Exclude rollovers. If negative, enter a zero.	\$ _____
\$ _____ Untaxed portions of pensions from IRS Form 1040 – lines (16a minus 16b) or 1040A – lines (12a minus 12b). Exclude rollovers. If negative, enter a zero.	\$ _____
\$ _____ Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits).	\$ _____
\$ _____ Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.	\$ _____
\$ _____ Other untaxed income not reported, such as workers' compensation, disability, etc. <b>Don't include</b> student aid, earned income credit, child tax credit, welfare payments, untaxed Social Security benefits, Workforce Investment Act educational benefits, combat pay (if you are not a tax filer), benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$ _____
\$ _____ Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.	\$ _____

Authorizations: I certify that the information provided on this form is correct to the best of my knowledge. I also give permission to Luther College to release any relevant information to donors or scholarship sources, as needed, to receive the assistance I am offered.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_ Parent E-mail: \_\_\_\_\_