2005-2006 Application for Financial Aid

Financial Aid Office
795 Livermore Street
Yellow Springs, Ohio 45387
800-543-9436 or 937-769-1120
financialaid@antioch-college.edu

Section I. Student Information

Name _____ **Social Security #** _____

Date of Birth _____ **Phone Number (_____)**_____

Permanent Home Address _____

City _____ **State** _____ **Zip Code**_____

Are you a U.S. citizen? Yes _____ No _____

If no, are you an eligible non-citizen for financial aid? Yes _____ No _____

Note: If you checked no, please send a copy of both sides of your green card.

I have received or will receive a High School Diploma: Graduation Date _____ G.E.D. _____ Home Schooled _____

Note: You must have a high school diploma, a GED, or pass an approved 'Ability to Benefit' test in order to be eligible for federal and state aid.

List any child support paid by your custodial parent for any children who do NOT live in your household.

Amount paid in 2004: $_____ Paid to: _____

Section II. Non-Custodial Parent Information

Complete this section if one of your natural or adoptive parents does not have permanent custody of you.

Non-Custodial Parent's Name _____

Home Address, City, State, Zip _____

_____

Phone Number _____ **Email Address** _____

Year of Separation _____ **Year of Divorce** _____

Who claimed student as a tax exemption in 2003? _____ **2004?** _____

Section III. Previous Colleges Attended

Please list all colleges that you have previously attended.

College, City and State ***Dates Attended***

_____

_____

_____

_____

Section IV. Private, Expected Financial Aid Resources

Please list all private sources of financial aid you are expecting to receive for 2005-2006 (Do NOT include any financial aid that you are expecting to receive from Antioch).

External Scholarships and/or sources of financial aid

_____ $ _____

_____ $ _____

_____ $ _____

Section V. Information Release

In an effort to protect your privacy, the Financial Aid Office at Antioch College will only release your financial aid information to those individuals that you give us permission. Your information will remain confidential and will only be released to you and the individual(s) that you provide on this form.

Please list the names of individuals (parents, spouse, etc) that you permit us to release financial aid information to: ***PLEASE PRINT***

Name	***Relationship***	***Date of Birth***

In the event that I am considered for or receive financial aid from private sources, I authorize the college to release academic and/or financial aid information to agencies or individuals granting the funds. I understand that information may be released if I am selected for a scholarship.

I understand that if I purposely give false or misleading information, it could result in the cancellation of my financial aid. I declare that the information reported on this form to the best of my knowledge and belief is true, correct, and complete.

Student Signature _____ **Date** _____

Student's Spouse's Signature _____ **Date** _____

Parent Signature _____ **Date** _____

Financial Aid Office Fax Number (937) 769-1133

Priority Deadlines: New Students: March 1, 2005
Continuing Students: April 1, 2005

Federal School Code: 003010