

TUITION

• Total \$31,400

• Tuition: \$28,090 per year

Room & Board: \$3,060 per year

Fees: \$250 per year

INSTRUCTIONS:

- The deadline for this application is January 26, 2018
- Information you will need to complete this application:
 - o 2016 tax returns for you and your spouse or partner
 - O Records of untaxed income, such as Social Security benefits, welfare benefits (e.g. TANF) and veterans' benefits for your household
 - O Savings, investments, real estate, business and farm assets for your household
 - Purchase price, year purchased, current value, and current mortgage balance of your primary residence
 - o Information about your normal monthly household expenses
- Do not submit your tax forms with this form
- Consolidate financial information for you and your spouse or partner on all line items, even if you do not, or are unable to, file a joint federal tax return
- Complete and sign the form
- Send the form via USPS, delivery service, email, or fax to:

Mary Kelly – ICPP Financial Aid Continuing Studies

74 Wyllys Avenue Middletown, CT 06459

Fax: 860-685-3467

Email: mgkelly@wesleyan.edu

All information provided on this form is subject to verification.



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	anuary 20, 2010		
Personal Information			
Name:			
Street Address:			
City, State, Zip Code:	1		
Daytime Phone:	Email Address:		
WesId, if applicable:	Year of birth:		
D 4 D 1			
Part 1: Primary Residence	the avections helevy. If no nic	and alvin to Dant	
Do you own your home? If yes, please answer 2: Financial Information.	the questions below. If no, pie	ease skip to Part	
What year did you purchase your primary i	residence?		
2. What is the current value of your primary i	residence?	\$	
3. What is the current balance of the mortgag	\$		
4. What was the purchase price of your prima	4. What was the purchase price of your primary residence?		
Part 2: Financial Information			
Section 1: Finances			
1. Are you married, in a civil union, or in a do	1. Are you married, in a civil union, or in a domestic partnership?		
2. If yes, do both people earn wages?	□ Yes □ No		
3. Do you have dependents other than a spou	use or partner?	□ Yes □ No	
4. What was your household's adjusted gross Form 1040A – line 21; Form 1040EZ – lin	\$		
5. What was your household's income tax? (F 1040A – line 35; Form 1040EZ – line 10)	\$		
6. How many exemptions were declared on y (Form 1040 – line 6d; Form 1040A – line 6	0 ()		
7. How much did your household earn from returns were filed? (For those who filed tax 7+12+18+ Box 14 (code A) from Schedul Form 1040EZ – line1)	\$		
Section 2: Household	T11		
1. How many people are in your household? (1) yourself,	Include:		
(2) your spouse or partner			
(3) other people if they now live with you a	and you provide more than half		
their support, including your children.	, 1		
2. How many of the people in the question al	bove will be in college at least		
half time, earning a college degree? Please	include yourself.		



Section	3: Untaxed Income	
1.	Payments to tax deferred pension and savings plan (paid directly or withheld from earnings), including, but not limited to amounts reported on W-2 Form, Boxes 12a through 12d, codes, D, E, F, G, H, S	\$
2.	IRA deductions and payments to self-employed SEP, SIMPLE, Keogh, and other qualified plans. Form 1040-lines 28+32; Form 1040A-line 17	\$
3.	Child support received for all children. Do not include foster care or adoption payments.	\$
4.	Tax exempt interest, Form 1040 – line 8b; Form 1040A – line 8b	\$
5.	Untaxed portions of IRA distributions, Form 1040 – lines (15a minus 15b): Form 1040A – lines (11a minus 11b). Exclude rollovers. If negative, please enter "0"	\$
6.	Untaxed portions of pensions from Form 1040 – lines (16a minus 16b) or Form 1040A – lines (12a minus 12b). Exclude rollovers. If negative, please enter "0"	\$
7.	Housing, food and other living allowances. Include cash payments and cash value of benefits. Do not include the value of on-base military housing or the value of a basic military allowance for housing.	\$
8.	Veterans' non-education benefits such as Disability, Death Pension, Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances	\$
9.	Other untaxed income not reported, such as Worker's Compensation, disability, etc. Untaxed HSA – Form 1040, line 25. Do not include foster care benefits, student aid, earned income credit, Workforce Investment Act educational benefits, combat pay, or benefits from flexible spending arrangements (e.g. cafeteria plans), welfare payments or untaxed Social Security benefits	\$
10.	Money received or paid on your behalf not reported elsewhere on this form, such as bills paid by parents or grandparents.	\$

Section	n 4: Additional Financial Information	
1.	Education credits: Form 1040 – line 49 or 1040A – line 31	\$
2.	Child support you paid because of divorce, separation or other legal requirement	\$
3.	Taxable earnings from need-based employment programs such as Federal Work-Study and need-based employment portions of fellowships and assistantships	\$
4.	Taxable student grant and scholarship aid reported to the IRS in your adjusted gross income. Includes AmeriCorps benefits as well as grant or scholarship portions of fellowships and assistantships	\$
5.	Taxed combat or special Combat Pay included in your adjusted gross income. Do not enter untaxed combat pay.	\$
6.	Earnings from work under a cooperative education program offered by a college	\$



Section 5: Assets			
1.	As of today, what is the total current balance of all your household's cash, savings, and checking accounts? Do not include funds from student financial aid.	\$	
2.	As of today, what is the total net worth of your household's investments, including real estate but not including your primary residence? Do not include life insurance policies or retirement plans.	\$	
3.	As of today, what is the net worth of your household's business and/or investment farms? Do not include a farm you live on and operate.	\$	

Section 6: Monthly Income & Expenses		
Income – please record all figures as gross monthly amounts:	\$	
Wages, salaries, tips:	\$	
Other taxable income such as capital gain, pensions, rents, etc:	\$	
Other income (please describe):	\$	
Total Income:	\$	
Expenses – please record all figures as average monthly amounts:		
Mortgage or rent on primary residence:	\$	
Car payment:	\$	
• Insurance – health, automobile, homeowners, etc:	\$	
Utilities – gas, electric, cable:	\$	
Medical expenses not covered by insurance:	\$	
Education loans:	\$	
Other loans (please describe):	\$	
Alimony or child support:	\$	
Other expenses (please describe):	\$	
Total Expenses:	\$	
Net Monthly Income: Income less Expenses:	\$	

Name:			



Section 7: Other Information	
Other contributions (for example: employer paying or reimbursing tuition, family, trust, VA benefits, other scholarships):	\$
Changes in family financial circumstances and appeals: The University recognizes that occasionally a family may experience a sudden and prin financial circumstances after filing taxes. Please provide an explanation of the char circumstances, including an estimate of its financial impact on your household inconadditional pages if necessary.	nge in
Certification of Accuracy: I have reviewed the information provided on this scholarship form and agree that it have read, understand and agree to abide by the policies in the ICPP Policies and Proputing outlined in the ICPP handbook at http://www.wesleyan.edu/icpp/masters.html . I he Honor Code and Code of Non-Academic Conduct Regulations as posted at http://www.wesleyan.edu/studentaffairs/studenthandbook/standardsregulations/irunderstand and accept my obligations as outlined in the code. I understand that proinformation on this form violates the Honor Code.	ocedures as nave read the ndex.html. I
Signature (required): Date:	

Name (please print):