

If you have or will file a 2008 federal tax return, please be sure that you have submitted a copy to our office.

You must fill in every question with either a zero or the correct yearly amount.

Amount received in 2008.		
PARENT	STUDENT (and Spouse)	
\$	\$	Child support received for <u>all</u> children. Don't include foster care.
\$	\$	Other untaxed income not reported , such as workers' compensation, disability, etc. Don't include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. Please describe: _____ _____
\$	\$	TOTAL

Employer Information

Will your employer be providing educational assistance to you for the period 6/1/09-5/31/10?

_____ No
 _____ Yes. If yes, how much? \$ _____

I/We attest that the information on this worksheet is complete and correct. If student is "**dependent**" at least one parent must sign. **Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

STUDENT'S SIGNATURE: _____ DATE: _____

PARENT'S SIGNATURE: _____ DATE: _____
 (Dependent students only)

FINANCIAL AID APPLICATION & CONSORTIUM AGREEMENT (Parts II and III)

Student Name: _____ Student SSN: _____

Address: _____

Student's Email: _____ Student's Phone: _____

Part II. Consortium Information and Agreement

You must be admitted to a degree program at Saint Joseph's College to be considered for financial aid. Please check one of the following statements and then continue as instructed.

I will not be enrolled at my community college for the 2009-2010 award year. If you check this statement, please sign and date this form and return it to the Office of Financial Aid at SJC.

I plan to attend both Saint Joseph's College and my community college for the 2009-2010 award year. If you have checked this statement, please complete this entire section, sign and date this form and submit it to your community college financial aid office for completion of Part III.

ENROLLMENT PLANS

Indicate the semester and the number of credit hours that you intend to register for at each school for the entire year. If you will not be enrolled, please report "0".

Enrollment at Saint Joseph's College		
Fall Semester	October – December	Total credit hours: <u> n/a </u>
Spring Semester	January – May	Total credit hours: <u> </u>
Summer Semester	June – September	Total credit hours: <u> </u>
Enrollment at Your Community College		
Fall Semester Sept-Dec '09	Course #(s) <u> </u>	# of credits <u> </u> # of weeks <u> </u>
Spring Semester Jan-May '10	Course #(s) <u> </u>	# of credits <u> </u> # of weeks <u> </u>
Summer Semester June-Aug '09	Course #(s) <u> </u>	# of credits <u> </u> # of weeks <u> </u>

STUDENT AGREEMENT

By signing this agreement, I understand that the following statements will apply:

1. Saint Joseph's College will include my enrollment hours at my host institution for federal, state and any other financial aid eligibility at Saint Joseph's College.
2. I may only apply for aid at Saint Joseph's College.
3. My financial aid will be applied to my balance at Saint Joseph's College first and any remaining credit balance will be sent directly to me.
4. It is my responsibility to pay my host institution or set up payment arrangements for any balance owed.
5. Financial aid is disbursed according to the Saint Joseph's College enrollment and billing schedule.

6. The financial aid award year at Saint Joseph's College begins with the fall semester and ends with the summer semester.
7. I authorize my host institution to release any enrollment, academic and tuition related information to Saint Joseph's College for the 2009-2010 award year.
8. I agree to enroll in courses that are transferable and/or applicable to my Bachelor's degree at Saint Joseph's College.
9. I understand that I must be enrolled in at least one Saint Joseph's College course for each term that I want to receive financial aid.
10. I understand that I must be enrolled at least half-time and meet satisfactory academic progress standards in order to maintain my eligibility for aid.
11. I will send an official transcript to Saint Joseph's College at the end of each semester that I was enrolled at my host institution.

Student Signature: _____ **Date:** _____

Student's Name Printed: _____ **SSN:** _____

Part III: Host College Information and Certification

The host institution agrees to:

- Use this agreement as the release form for any academic, financial aid, transcript request or billing information related to this student.
- Not to provide/process any financial aid for this student.
- Provide actual enrollment information including prompt notification of withdrawal from a course(s).
- Comply with all other terms noted in the General Consortium Agreement signed by both Saint Joseph's College and the Host Institution.
- Complete the Consortia Student Enrollment and Charges Form each semester.

Host Institution Certification:

By signing below, I agree that the information provided above is true and complete to the best of my knowledge. I also agree to notify the Office of Financial Aid at Saint Joseph's College if the student withdraws from any classes taken under this agreement or I will request that our Registrar's Office submit notification to Saint Joseph's regarding this student's enrollment status.

Name of Host Institution: _____ Title IV Code: _____

Name of Financial Aid Officer: _____ Position: _____

Phone Number: _____ Fax Number: _____ Email: _____

Address: _____

Financial Aid Officer's Signature: _____ Date: _____

Please submit Part II and Part III to:

**Office of Financial Aid, Saint Joseph's College, 278 Whites Bridge Road, Standish, ME 04084
Phone (800)752-1266, Fax (207)893-6699, Email finaid@sjcme.edu**