Rhode Island College Financial Aid Application 2014–2015

Instructions: This application is a supplement to the information reported on your Free Application for Federal Student Aid (FAFSA). If you are a new freshman or transfer applicant and you wish to apply for need-based grants and scholarships funded directly by Rhode Island College, you must complete this form. Do not fill out this form until you have completed the 2014–2015 FAFSA. The priority deadlines for receipt of this application in the Rhode Island College Office of Student Financial Aid are listed below.

<table>
<thead>
<tr>
<th>Student Category</th>
<th>Due Date*</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Freshmen (entering fall 2014)</td>
<td>March 1, 2014</td>
</tr>
<tr>
<td>New Transfers (entering fall 2014)</td>
<td>May 15, 2014</td>
</tr>
<tr>
<td>New Freshmen and Transfers (entering spring 2015)</td>
<td>November 15, 2014**</td>
</tr>
</tbody>
</table>

* These are also the due dates for receipt of the 2014–2015 FAFSA at the federal processor. The FAFSA should be completed after January 1, 2014, and transmitted at least one week before the due date listed above.

** Awards for students entering in the spring semester are contingent on available funding. The college does not hold funds aside for students entering in the spring.

Section A

1. Student’s Name ____________________________________________________________________________________ LAST/FIRST/MIDDLE (please print)
2. Social Security Number |__||__||__| - |__||__| - |__||__||__||__|
3. Date of Birth |__||__|/|__||__|/19|__||__|
4. Permanent Mailing Address
   NUMBER/STREET (include apt. no.) ____________________________________________________________ |__||__|
   CITY   STATE  ZIP CODE
5. Were you instructed to provide parental income information on your FAFSA?
   If yes, complete Section B. Otherwise skip to Section C.

Section B (Parents’ information)

For the purpose of this application, parents are defined according to the instructions in the FAFSA.

6. Enter the total amount of your parents’ current cash, savings and checking account balances: $ _____________
7. Enter the total value of your parents’ current investments. Include stocks, bonds, mutual funds, money market funds, certificates of deposit, trust funds, etc.: $ _____________
8. Enter any debt that is owed on the investments entered above in question 7: $ _____________
9. Do your parents own a home? $ ❏ Y ❏ N
   If yes, answer questions a through d below.
   a) Enter the estimated current market value of the home: $ _____________
   b) Enter the current amount of mortgage and other debt on the home. Do not list your monthly payment: $ _____________
   c) What was the purchase price? $ _____________
   d) In what year was the home purchased? $ _____________
10. Do your parents own any other real estate, such as rental property or a vacation home? $ ❏ Y ❏ N
    If yes, answer questions a and b below.
    a) Enter the estimated current market value of all real estate other than the family home: $ _____________
    b) Enter the current amount of mortgage and other debt owed on the amount entered above in 10 a: $ _____________
11. Do your parents own part or all of a business? $ ❏ Y ❏ N
    If yes, answer questions a and b below.
    a) Enter the current market value of your parents’ share of the business: $ _____________
    b) Enter the current amount of mortgage and other debt owed on the business: $ _____________
Section C (All students should complete this section)

12. Enter the total amount of your current cash, savings and checking account balances: $ _____________

13. Enter the total value of your current investments. Include stocks, bonds, mutual funds, money market funds, certificates of deposit, trust funds, etc.: $ ______________

14. Were you a Feinstein Junior Leader in elementary or secondary school? $ Y $ N

15. Do you expect to receive any employee tuition waivers or benefits from your parents’ employer, your employer or your spouse’s (if married) employer? $ Y $ N

   If yes, please enter amount expected for the 2014–2015 academic year: $ ______________

16. Enter the date that you completed your 2014–2015 FAFSA: _______________ MONTH/DAY/YEAR

17. List all members of your household for the period July 1, 2014, through June 30, 2015. Include parents, if their information was reported above in Section B. Do not list yourself. If you are a single independent student with no dependents, skip to Section D.

<table>
<thead>
<tr>
<th>Full Name of Family Member</th>
<th>Relationship to Student</th>
<th>Age</th>
<th>College Enrollment during 2014–2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Student Applicant</td>
<td>XXXXXXXX</td>
<td>XX</td>
<td>☐ Enrolled ☐ Full Time ☐ Half Time</td>
</tr>
<tr>
<td>2. ________________________</td>
<td>_______________________</td>
<td>_____</td>
<td>☐ Enrolled ☐ Full Time ☐ Half Time</td>
</tr>
<tr>
<td>3. ________________________</td>
<td>_______________________</td>
<td>_____</td>
<td>☐ Enrolled ☐ Full Time ☐ Half Time</td>
</tr>
<tr>
<td>4. ________________________</td>
<td>_______________________</td>
<td>_____</td>
<td>☐ Enrolled ☐ Full Time ☐ Half Time</td>
</tr>
<tr>
<td>5. ________________________</td>
<td>_______________________</td>
<td>_____</td>
<td>☐ Enrolled ☐ Full Time ☐ Half Time</td>
</tr>
<tr>
<td>6. ________________________</td>
<td>_______________________</td>
<td>_____</td>
<td>☐ Enrolled ☐ Full Time ☐ Half Time</td>
</tr>
<tr>
<td>7. ________________________</td>
<td>_______________________</td>
<td>_____</td>
<td>☐ Enrolled ☐ Full Time ☐ Half Time</td>
</tr>
<tr>
<td>8. ________________________</td>
<td>_______________________</td>
<td>_____</td>
<td>☐ Enrolled ☐ Full Time ☐ Half Time</td>
</tr>
</tbody>
</table>

☐ Check here if there are more than eight family members. First list those who will attend college.

Section D (Certification)

Everyone whose information is reported on this application should sign below. The student (and at least one parent, if Section B is completed) must sign, or the form will be returned.

By signing this application, I certify that all information reported is true and complete to the best of my knowledge.

__________________________  ____________________________
Student’s Signature         Student’s Spouse’s Signature

__________________________  ____________________________
Father’s/Stepfather’s Signature  Mother’s/Stepmother’s Signature

Month/Day/Year

Return this form to:
Office of Student Financial Aid
Rhode Island College
600 Mt. Pleasant Ave.
Providence, RI 02908-1996