Financial Aid Early Version Award Application

Information provided on this form is used to estimate your eligibility for federal, state and institutional aid. Your information is considered confidential and will be secured within the Financial Aid Office.

Instructions

1. Complete all of the items. Estimate if actual figures are unavailable.
2. Do not leave items blank. Where a dollar amount is requested and your response is none, enter "NONE" or zeros.
3. Use a separate sheet of paper to explain any unusual circumstances.
4. In addition, Gannon requires all students who want to be considered for Financial Aid (including loans) to file the Free Application for Federal Student Aid (FAFSA) and to list Gannon University, code number 003266.

Section 1

Social Security Number | Birth Date: Month/Day/Year

First Name | Middle Name | Last Name

Please indicate any other name(s) under which your financial aid information might be submitted

Address (Number and Street) | City | State | Zip/Postal Code

Home Telephone Number (Including Area Code)

Possible area(s) of academic concentration/major(s)

Citizenship *(check one)*

❑ U.S. Citizen ❑ Dual U.S. Citizen ❑ U.S. Permanent Resident: Visa Type _____ Alien Registration # _____

❑ Other Citizenship: Visa Type _____ Country of Citizenship _____ Country of Birth _____

First/Native Language _____

If you are not a U.S. citizen and live in the United States, how long have you been in the country? _____

Residency *(check one)*

❑ Commuter ❑ On Campus Housing

Status *(check one)*

❑ Full-Time ❑ Part-Time

Are you a member of a Roman Catholic parish in the Diocese of Erie, PA? ❑ Yes ❑ No

If yes, name and location of parish

Section 2

Were you born before January 1, 1994? ❑ Yes ❑ No

At the beginning of the 2017-18 school year, will you be working on a master's or doctorate program (such as an MA, MBA, MD, JD, PhD, EdD or graduate certificate, etc.)? ❑ Yes ❑ No

As of today, are you married? (Answer "Yes" if you are separated but not divorced) ❑ Yes ❑ No

Do you have children who receive more than half of their support from you? ❑ Yes ❑ No

Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2017? ❑ Yes ❑ No

Are both of your parents deceased, or are you (or were you until age 18) a ward/dependent of the court? ❑ Yes ❑ No

As determined by a court in your state of legal residence, are you or were you in legal guardianship? ❑ Yes ❑ No

Are you a veteran of the U.S. Armed Forces? ❑ Yes ❑ No

If you answered "yes" to any of the above questions, complete Column A on the next page.

If you answered "no" to all of the above questions, complete both Columns A and B on the next page.

Section 3

2015 Income, Earnings and Benefits *(estimate if prior to tax returns being filed)*

This section must be completed in order to be considered for need-based aid.

	Column A: Student *(and Spouse)*		Column B: Parents
1. 2015 **adjusted gross income** (IRS Form 1040, 1040A, 1040EZ or estimate)	$_____.00		$_____.00
2. 2015 U.S. income tax paid (IRS Form 1040, 1040A, 1040EZ or estimate)	$_____.00		$_____.00
3. 2015 total number of exemptions (IRS Form 1040, 1040A or 1040EZ)	_____		_____
4. 2015 income earned from work ... Student	$_____.00	Father	$_____.00
5. 2015 income earned from work ... Spouse	$_____.00	Mother	$_____.00
6. 2015 untaxed income and benefits (yearly totals only) PART A			
A. SNAP (Supplemental Nutrition Assistance Program) or TANF (Temporary Assistance for Needy Families)	$_____.00		$_____.00
B. Social Security (SSI) benefits for all members of the household	$_____.00		$_____.00
C. Social Security Disability (SSDI) benefits for all members of the household	$_____.00		$_____.00
7. 2015 untaxed income and benefits (yearly totals only) PART B			
A. Yearly contribution payments to tax deferred pensions or savings plans	$_____.00		$_____.00
B. Child support received for all children	$_____.00		$_____.00
C. Worker's compensation	$_____.00		$_____.00
D. Other untaxed income or benefits	$_____.00		$_____.00
8. Child support paid out because of divorce, separation or legal requirement	$_____.00		$_____.00

Current Asset Information	Column A: Student *(and Spouse)* List Net Worth	Column B: Parents List Net Worth
9. Cash, savings and checking accounts	$_____.00	$_____.00
10. Real estate and investments	$_____.00	$_____.00
*(**Do not include** the value of the family home, life insurance or retirement plans. Include other real estate, trust funds, UGMA, UTMA, money market and mutual funds, certificates of deposit, stocks, bonds, college savings plans and pre-paid tuition plans.)*		
11. Business and farm	$_____.00	$_____.00

❑ Check here if business or farm employs less than 100 employees.

Section 4

Parental Data Section

Current marital status of the parent you reside with:

❑ Married/Remarried ❑ Single ❑ Divorced/Separated ❑ Widowed ❑ Unmarried, both parents living together

Parent 1 (Father/Mother/Stepparent) (Student, if independent)	Parent 2 (Father/Mother/Stepparent) (Spouse, if independent)
Address	Address
Occupation	Occupation
Employer's Name	Employer's Name
Number of years employed at above — Age	Number of years employed at above — Age
If unemployed, how long?	If unemployed, how long?

List parents' dependents below, including all children and other dependents. *(use an additional sheet of paper, if necessary)*
Independent students must list children.

Name	Age	School Attending in 2017-18	Tuition and Fee Costs	Source and Amount of Aid	Full- or Part-Time	Year in School	Major

Number in Household _____
from July 1, 2017 to June 30, 2018

Number in College in 2017-18 Academic Year _____
(do not include parents or graduate students in the number enrolled in college)

Divorced/Separated Parental Information *(provide information on non-custodial parent)*

Name of non-custodial parent (parent not included on page 10) _____ Occupation _____ Age _____

Address _____ Employer _____

Date of divorce/separation _____ Who claims student on tax form? _____

Section 5

Student's Gender

❑ Male ❑ Female

Ethnicity/Race (Optional; this information is for statistical purposes only and has no bearing on admission to the University.)

Are you Hispanic/Latino? ❑ Yes ❑ No

Check the following race(s) that apply to you:

❑ American Indian or Alaska Native ❑ Black or African American ❑ White
❑ Asian ❑ Native Hawaiian or Other Pacific Islander

Please list other schools to which you are applying:

1. _____ 2. _____ 3. _____

Certification Statement

Note: *This application must be signed by the student and at least one parent.*
Signing this form allows release of financial aid information to the custodial parent/guardian listed on this application.

I (we) certify that this information is accurate and complete to the best of my (our) knowledge.

Applicant's Signature _____ Date _____ Parent/Spouse's Signature (if applicable) _____ Date _____

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