

HOW DO I APPLY FOR FINANCIAL AID?

To be considered for all need-based aid resources at Hope College, complete the following four steps:

1. Complete and sign this Supplemental Application for Financial Aid (SAF). To complete the form, you may either:
 - Fill out the hard copy form by hand – OR –
 - Fill out the online PDF form (found at hope.edu/financialaid), then print out the completed form and add your signature.

Then, submit the completed form to the Office of Financial Aid by mail, fax or email:

Mail: Office of Financial Aid
Hope College
100 East 8th Street, Suite 230
P.O. Box 9000
Holland, Michigan 49422-9000

Fax: 616.395.7160
Email: finaid@hope.edu

2. Go to fsaid.ed.gov to create a FSA ID for yourself and one for your parent/guardian. The FSA ID gives you access to the Federal Student Aid online systems and serves as your legal signature on your FAFSA application.
3. Complete the FAFSA at www.fafsa.gov. The FAFSA (Free Application for Federal Student Aid) is the federal application for need-based financial aid from both federal and state programs. List Federal School Code **002273** to designate Hope College as a recipient of your FAFSA results.
4. If you will be a new student at Hope in 2017-18, complete your application for admission to Hope College.

WHEN SHOULD I SUBMIT THESE FORMS?

It's best to complete both this SAF and the FAFSA at the same time after October 1, 2016. We strongly encourage you to submit both applications by our March 1, 2017 priority deadline. While we will accept your aid application after the priority date, you will receive full consideration for all aid Hope has to offer only if you meet the March 1 deadline. If you are a Michigan resident, meeting this deadline also assures your consideration for state funds.

WHAT IS THE IRS DATA RETRIEVAL TOOL AND WHY SHOULD I USE IT?

The IRS Data Retrieval Tool (DRT) allows you to transfer your tax information from the IRS directly into your FAFSA. If you are eligible, a link to the IRS Data Retrieval Tool will become available while you are completing your FAFSA. When asked if you want to leave the FAFSA site and go to the IRS site, **click "yes"!** Once completed, you will be directed back to the FAFSA site to complete the rest of your FAFSA.

Using the IRS DRT saves you time and effort! By using it, you:

- Do not have to search for your tax records.
- Do not have to worry about making errors entering your tax information on your FAFSA.
- Will not need to provide tax transcripts to the Office of Financial Aid if selected for verification.

WHAT HAPPENS NEXT?

- If you enter a valid email address on your FAFSA, you will receive electronic messages regarding your Student Aid Report (SAR). If you did not provide a valid email address, you will be mailed a Student Aid Report (SAR).
- Carefully review the Student Aid Report (SAR). If you need to correct any data, return to the FAFSA website to make changes.
- Promptly respond to all requests for additional information from the Hope College Office of Financial Aid. Requests will be mailed to your permanent address.
- Financial Aid Package notifications are mailed to students who have completed the aid application process:
 - New Students – beginning in February
 - Returning Students – beginning in June

WHAT IF I HAVE A QUESTION?

We are here to help! Please contact the Office of Financial Aid by calling us at 1.888.439.8907 (toll-free) / 616.395.7765 (local) or emailing us at finaid@hope.edu. For additional information and resources any time of the day or night, visit our website, hope.edu/financialaid.

SECTION A: STUDENT INFORMATION

AWARD YEAR 2017-18

- Student's Name _____
Last
First
Middle
Maiden
- Hope ID Number _____ 3. Date of Birth ____/____/____
*Hope ID numbers are assigned to students by Hope College.
 If you do not know your Hope ID number, leave blank.*
- Would 2017-18 be your first year of enrollment at Hope College? Yes No
- Complete the **COLUMNS** below, listing **EVERY FAMILY MEMBER** in your parents' household. **YOU MUST INCLUDE:**

• Yourself	• Your parents' other children if your parents will provide more than half of their support between 7/1/17 and 6/30/18.
• Your Parents	• Other people if they now live with your parents, your parents provide more than half of their support and your parents will continue to provide more than half of their support between 7/1/17 and 6/30/18.

First & Last name of each member of the household during 2017-18. Please refer to the instructions above.	Age	2017-2018 School Year		
		Name of School (K-12), College or University for 2017-18	Grade Level in 2017-18	Enrolled at least half time in 17-18? Yes No
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>

- The value, as of the date you filed your FAFSA, of **trust accounts, UGMA and/or UTMA accounts** held in the student's name even if the income or principal is currently unavailable. **EXCLUDE** regular savings accounts and 529 educational savings or prepaid tuition plans the student owns. \$ _____
- Is the student eligible to receive Veterans Educational Benefits in 2017-18?
 If yes, enter type and *monthly* amount: Type: _____ \$ _____ / month
- Is a parent eligible to receive Veterans Educational Benefits in 2017-18 for student's use?
 If yes, enter type and *monthly* amount: Type: _____ \$ _____ / month
- If a parent will receive tuition benefits for the student applicant from his/her employer in 2017-18, what is the amount for the year? \$ _____
- Private elementary/secondary tuition that your parent(s) will pay out of pocket for the 2017-18 school year. Only include dependent children in kindergarten through grade 12. \$ _____
- What is the monthly home mortgage/rental payment where your family lives? \$ _____ /month

SECTION B: PARENT INFORMATION

11. **Parents' Identification Information** - include parent(s)/stepparent in custodial parent's household

Father or Stepfather/Mother's Spouse	Mother or Stepmother/Father's Spouse
Name _____	Name _____
Occupation _____	Occupation _____
Employer _____ Years _____	Employer _____ Years _____
Email _____	Email _____

SECTION C: ADDITIONAL PARENTAL INFORMATION

In responding to the following items, write in "0" if your answer is zero or none.

- 12. Amount on your 2015 IRS Form 1040 line 12 Business Income or Loss \$ _____
- 13. Amount on your 2015 IRS Form 1040 line 17 Rental Real Estate, Partnerships, S corps, etc. \$ _____
- 14. Foreign Income Exclusion from your 2015 IRS Form 2555 line 45 or 2555EZ line 18 \$ _____
- 15. Taxable Social Security Benefits from your 2015 IRS Form 1040 line 20b or 1040A line 14b \$ _____
- 16. TOTAL Social Security retirement, survivor or disability benefits received in 2015 for all household members as reported on the SSA-1099s \$ _____
- 17. Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings) in 2015, including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D,E,F,G,H and S. **Don't include** amounts reported in code DD (employer contributions toward employee health benefits). \$ _____
- 18. Housing and other living allowances received in 2015 because you are a member of the military, clergy, etc. \$ _____

SECTION D: REQUEST FOR CONSIDERATION OF REDUCED INCOME OR SPECIAL CIRCUMSTANCES

If a family's financial situation changes, adjustments *may* be made to more accurately reflect these circumstances. Explain below:

- Loss of taxable income only if the decrease results from **involuntary loss of employment, separation, divorce, or death of a parent** and the decrease is **greater than 10% of 2015 or 2016 income**. If the decrease in income is **solely due to a loss of overtime or the loss of a bonus**, it will not be considered.
- Untaxed income (child support, social security benefits, etc.) you received in 2015 that you are no longer receiving.

Briefly explain **special circumstances** or **non-discretionary** expenses that affect your ability to pay college expenses.

SECTION E: CERTIFICATION AND SIGNATURES

I certify that all information on this form is true and complete to the best of my knowledge. I agree to give proof of the information reported on this form if asked, including my U.S. income tax information. I will send timely notice to Hope College of significant changes in family income, financial situation, college plans of other children, or the receipt of other scholarships, grants or educational benefits.

Student's signature _____ Date _____

Parent's signature _____ Date _____

SUBMIT THE COMPLETED FORM BY MAIL, FAX OR EMAIL:

Mail: Office of Financial Aid, Hope College, 100 East 8th Street, Suite 230, P.O. Box 9000, Holland, Michigan 49422-9000

Fax: 616.395.7160 **Email:** finaid@hope.edu