



2010-2011 College Financial Data Form

Client Name:	
Parent Email Address:	

(For parent correspondence)

Section One: Student Information

1. Student's Name:	
	Last, First, Middle Initial
2. Street Address:	
	Enter the address where the student lives most of the year.
3. City, State, ZIP:	
4. Home Phone:	
5. Student's SSN: *	
6. Student's Date of Birth: *	
	(MM/DD/YYYY)
7a. Student's High School:	
7b. Type of School	Public / Private
8. Student's H.S. Grad year:	
9a. Driver's License No.: *	
9b. State: *	
10. Is the student a US citizen? *	Y / N
	If no, enter Alien Reg. No.

11. Is the student married?	Y / N
	If yes, please complete 12-14
12. Student's Spouse's Name:	
13. Spouse's Date of Birth:	
14. Spouse's SSN:	
15. Does the Student have Children?	Y / N
	If yes, number of children:
16. Has the student ever been convicted of a drug offense? *	Y / N
17. Date of State Residency:	
	(MM/DD/YYYY)
18. Standardized Test Scores *	
	SAT Verbal/Critical Reading:
	SAT Math:
	SAT Writing:
	ACT:
19. If the student is male and is at least age 18, is he registered with Selective Service? *	Y / N

Section Two: Student Income Information

Please note: Estimates are perfectly acceptable. We always use estimates to complete the financial aid forms so that the student is first in line pertaining to financial aid. You can use last year's figures as a reference.

20. Student's Tax Status for 2010:

	Already filed		Will file, but have not completed		Will not file
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21. Student's Earned Income:	\$
	(W-2 Wages)
22. Student's Unearned Income:	\$
	Interest, Dividends, etc.
23. Student's Adjusted Gross Income:	\$
24. Itemized Deductions:	\$
	IRS Form 1040 - Line 40 (if any)

25. Untaxed Income & Benefits:	
a. Student's Contribution to IRA/Tax Deferred Plans:	\$
b. Social Security Benefits:	\$
c. Other Untaxed Income:	
(Specify)	\$

Section Three: **Student's College Choices**

College/University:			City		State/Prov.
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					

37.

Comments or Special Circumstances

Types of schools younger siblings are interested in or potentially going to attend.

If no remark, then the planning for those children will be the same as the student we are planning for.

★

38. On a MONTHLY BASIS: How much can you comfortably contribute towards **your student's** college expenses?

★

\$ _____

Please do not
put zero

★

39. On a MONTHLY BASIS: What does it cost to run your household? (i.e. Expenses)

★

\$ _____

Please do not
put zero

Section Four: **Parent & Family Information**

Father's Information

40.	Father's Full Name:		41.	Number of years with employer:	
	Enter N/A if not applicable				
42.	Father's Date of Birth:		43.	Work Phone Number:	
44.	Father's SSN:		45.	Father's Highest Educational Level:	
46.	Father's Occupation:		47.	Have you changed jobs in the last 5 years?	Y / N
				Do you plan to?	Y / N
48.	Father's Employer:				

Mother's Information

49.	Mother's Full Name:		50.	Number of years with employer:	
	Enter N/A if not applicable				
51.	Mother's Date of Birth:		52.	Work Phone Number:	
53.	Mother's SSN:		54.	Mother's Highest Educational Level:	
55.	Mother's Occupation:		56.	Have you changed jobs in the last 5 years?	Y / N
				Do you plan to?	Y / N
57.	Mother's Employer:				

Family Information

58. Parent's Marital Status:	59. Date: (MM/YYYY)																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Married / Remarried</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Separated</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Divorced</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Widowed</td><td></td></tr> <tr><td><input type="checkbox"/></td><td>Never Married</td><td></td></tr> </table>	<input type="checkbox"/>	Married / Remarried		<input type="checkbox"/>	Separated		<input type="checkbox"/>	Divorced		<input type="checkbox"/>	Widowed		<input type="checkbox"/>	Never Married			
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<input type="checkbox"/>	Separated																
<input type="checkbox"/>	Divorced																
<input type="checkbox"/>	Widowed																
<input type="checkbox"/>	Never Married																
63. Parent's date of state residency:																	
	(MM/DD/YYYY)																
65. Number in College 2010-11 school year:																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Enter the number of family members who will attend college at least halftime for one or more academic periods in the 2010-2011 school year.</td> <td style="width: 70%;"></td> </tr> <tr> <td colspan="2">Always include the student. DO NOT include parents.</td> </tr> </table>	Enter the number of family members who will attend college at least halftime for one or more academic periods in the 2010-2011 school year.		Always include the student. DO NOT include parents.														
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Always include the student. DO NOT include parents.																	
67. Number in Household:																	
69. Pre-College children:																	
Number of pre-college children in household																	
(do not include student)																	
60. Do you own your home?		Y / N															
61. How would you describe your credit rating?																	
Excellent / Good / Fair / Poor																	
62. Do you have a will?		Y / N															
Date will was signed:																	
Optional— for college/scholarship eligibility only																	
64. What is your family's religious preference?																	
66. What is the name of your family's place of worship?																	
68. What race/ethnicity does your family consider itself?																	

Section Five: 2010-2011 Parents Income Information

Please note: Estimates are perfectly acceptable. We always use estimates to complete the financial aid forms so that the student is first in line pertaining to financial aid. You can use last year's figures as a reference.

		2010	2011			2010	2011
70.	Father's Earned Income: <i>Box 5, W-2</i>	\$ (W-2 wages only)	\$ (W-2 wages only)	80.	Elementary/Secondary School Tuition For the student -		
				a.	Parent's contribution:	\$	\$
71.	Mother's Earned Income: <i>Box 5, W-2</i>	\$ (W-2 wages only)	\$ (W-2 wages only)	b.	Tuition scholarships/grants:	\$	\$
					All other siblings-		
72.	Parent's Other Taxable Income: Business, Self-Employment, or Schedule C	\$	\$	c.	Parent contribution:	\$	\$
				d.	Tuition scholarships/grants:	\$	\$
73.	IRA Contributions:	\$	\$				
				81.	Un-reimbursed Medical/Dental Expenses: DO NOT include health ins premiums!	\$	\$
74.	Contributions to Retirement Accts.: 401(k), 403(b), etc.	\$	\$				
75.	Untaxed Social Security Benefits:	\$	\$	82.	Child Support Paid:	\$	\$
76.	Parent's Adjusted Gross Income:	\$	\$	83.	Child Support Received:	\$	\$
77.	Itemized deductions: IRS Form 1040 – Line 40	\$	\$	84.	Worker's Compensation:	\$	\$
78.	Other Untaxed Income: (Specify)	\$	\$	85.	Unemployment Benefits:	\$	\$
79.	Total income tax: IRS Form 1040 – Line 63	\$	\$	86.	Housing Allowance: Housing, food, and other living allowances paid to members of the clergy, military, and others.	\$	\$

Asset Information Summary

List Retirement Account information in the identified section below**
Please include UTMA/UGMA (custodial accounts) as student assets

		Parent(s)		Student		Sibling(s)	
		Value	Debt	Value	Debt	Value	Debt
87.	Cash, Checking, Savings:	\$		\$		\$	
88.	Certificates of Deposit:	\$		\$		\$	
89.	Treasury Bills:	\$		\$		\$	
90.	Money Market Funds:	\$		\$		\$	
91.	Mutual Funds:	\$		\$		\$	
92.	Stocks:	\$	\$	\$	\$	\$	\$
93.	Bonds:	\$	\$	\$	\$	\$	\$
94.	Tax Exempt Bonds:	\$		\$		\$	
95.	Annuities (non-qualified):	\$	\$	\$	\$	\$	\$
96.	Trust Funds:	\$	\$	\$	\$	\$	\$
97.	Limited Partnerships:	\$		\$		\$	
98.	Business Assets:	\$	\$	\$	\$	\$	\$
99.	Farm Assets:	\$	\$	\$	\$	\$	\$
	86a. Do you live on farm?	Y / N		86b. Did you file IRS Schedule F?		Y / N	
100.	Pre-paid Tuition Accts. (529's):	\$		\$		\$	
101.	Other Assets:	\$	\$	\$	\$	\$	\$

Section Six: Debt/Liability Obligations

102.

ASSETS: HOME

Purchase Price: \$	Year of Purchase:	Present Value: \$	
*If you own additional real estate, please list on separate sheets.			
			MDV (office use only): \$

103.

Liabilities (Debt)

Type	Monthly Payment*		Current Balance
1 st Mortgage (Principal/Interest Only):	\$		\$
2 nd Mortgage:	\$		\$
Home Equity/Line of Credit:	\$		\$
Car Loans:	\$		\$
Credit Cards:	\$		\$
Other Debt:	\$		\$
Life Insurance:	\$		

Section Seven: Retirement Asset Information

Enter net asset value (asset value – asset debt)

104.

RETIREMENT ACCOUNT(S) SUMMARY			
TOTAL VALUE			
	Father		Mother
IRA:	\$		\$
401(k):	\$		\$
403(b):	\$		\$
Pension Fund:	\$		\$
Annuities (qualified):	\$		\$
Rollover:	\$		\$
Keogh/SEP/Simple:	\$		\$
Monthly Contribution:	\$		\$
(\$ or % amt.)	%		%
Employer Match:	\$		\$
(\$ or % amt.)	%		%

- Would you like to see an income estimate for your current personal retirement funds and contributions?
 - i. Yes _____ No _____
 - ii. At what age do you anticipate retiring? _____
 - iii. What percent of growth do you anticipate on your retirement funds? (circle one) 3% 4% 5% 6%

105

Section Eight: Family Members

Family Member Listing – Give information for all family members. Always include parents.

Full Name of Family member	Date of Birth mm/dd/yyyy	Name of School or College (2010 - 2011 School Year)	Public or Private?	Claimed by parent(s) as tax exemption for 2009?	Year in School
				Y / N	
				Y / N	
				Y / N	
				Y / N	
				Y / N	
				Y / N	

Section Nine: Life Insurance

106

Use separate sheet for addl. policies	Father		Mother	
Individual Insurance Policy	#1	#2	#1	#2
Smoker or Nonsmoker:	Y / N		Y / N	
Type of policy: Term / Whole Life / Variable / VUL				
Face Amount of Insurance Coverage:	\$	\$	\$	\$
Annual premium:	\$	\$	\$	\$
Cash Value:	\$	\$	\$	\$
Current surrender value:	\$	\$	\$	\$

107

Do you have term life insurance through an employer's group policy? If so, note which parent(s) are covered, the amount of coverage, and the cost (if any):

108

In the event of **death or disability**, what expenses would you prefer to have paid? For example, enter an **X** under the husband's column for the expense that should be covered in the event of the husband's death.

Expense	Husband	Wife
Children(s) Education:		
Home Mortgage:		
Replaced income or Disability:		
Day care:		
Credit Card debt:		
Automobile Loans:		
Other:		

109

Comments or Special Circumstances

List any items that would change or create an incorrect financial snapshot from the information provided on this form (e.g., *a change of or loss of employment*).
