2014-2015 Bay Path College Financial Aid Application

Section A - Student's Personal Information

____ Check here if applying for **merit aid** only
____ Check here if change of address

Student's Last Name First Name Middle Initial

Student's Social Security Number

Student's Street Address (include apt. no.)

Student's Date of Birth

City State Zip Code

Student's Email Address

Student's Home Phone Number

Cell Phone Work Phone

Section B - Educational Information

( ) New Traditional Student
( ) Returning Traditional Student
( ) Paralegal Certificate Student
( ) New Saturday Student
( ) Returning Saturday Student
( ) New Graduate Student
( ) Returning Graduate Student
( ) New Online Student
( ) Returning Online Student

Section C – Family Information

If you are an **independent** student, list yourself, your spouse (if applicable), and any other people for whom you will provide more than half their support between July 1, 2014 and June 30, 2015. If you are a **dependent** student, list yourself, your custodial parent(s), and any other people for whom your parent(s) will be providing more than half their support between July 1, 2014 and June 30, 2015.

If any of the people listed below will be attending college **at least half-time** between July 1, 2014 and June 30, 2015 and will be enrolled in a degree program, include the name of that college as well. If more space is needed, attach a separate page with your name and Social Security number at the top.

Full name of family member	Age	Relationship	Attend college at least one term Full-time? Half-time?	Name of university or college

Bay Path College, Student Financial Services 588 Longmeadow Street, Longmeadow, MA 01106
Phone: 413-565-1301 Fax: 413-565-1101

Section D - Income & Expenses

All lines must be completed. If answer is zero, enter "0". Provide total amount for the year, not monthly amounts.	Student (and spouse, if applicable)	Parent (required if dependent)
1. Payments to tax-deferred pension and savings plans *(amounts reported on the W-2 Form in boxes 12a-12d, codes D,E,F,G,H,S)*	$_____	$_____
2. Worker's Compensation	$_____	$_____
3. Housing, food and other living allowances paid to members of the military, clergy and others	$_____	$_____
4. Veteran non-education benefits; list the total amount of veteran's non-education benefits received in 2013.	$_____	$_____
5. Child support **received**	$_____	$_____
6. Child support **paid** by the parent(s) completing this form or if **independent**, the amount paid by the student and/or spouse	$_____	$_____

_____ _____

Name of Individual Paying Child Support Name(s) of child or children for whom child support is paid

7. 2013 earnings from Federal Work-Study	$_____	$ _____
8. Employer Tuition Reimbursement Benefit ___ Yes ___ No If yes, please provide yearly amount.	$_____	$ _____

9. Other Aid Sources (outside Scholarships, veterans benefits, etc.)

_____

10. Someone in my household (listed in Section C) received SNAP benefits in 2012 and/or 2013: ( ) Yes ( ) No
If Supplemental Nutrition Assistance Program Benefits, SNAP, (formerly known as food stamps) were received, documentation is required. Acceptable documentation is a copy of the SNAP card.

Section E - Assets

(All lines must be completed. If answer is zero, enter "0")	Student (and spouse, if applicable)	Parent (required if dependent)
1. As of today, the total current balance of cash, savings and checking accounts	$ _____	$ _____
2. As of today, the "net worth" (value less debt owed) of investments, including real estate (do ***not*** include primary residence)	$ _____	$ _____
3. As of today, the "net worth" of business and/or farm	$_____	$ _____

Section F - Student and Parent Certification

I certify that I will use any money that I receive under the Title IV student financial aid programs solely for my educational expenses related to attendance at Bay Path College. I further certify that I am **not in default** on any educational loans and do not owe a refund to any institution on any federal assistance grants or loans. The student and parent certify that the information provided on this form is complete and accurate. We agree to provide any documentation required by the Financial Aid Office for verification of any of the above information.

_____ _____

Student's signature Date Student's spouse's signature **(Required if married)** Date

_____ _____

Parent #1's signature Date Parent #2's signature Date

Please Note: Parent signatures are required for dependent students