



FINANCIAL AID OFFICE · MOUNT ST. MARY'S UNIVERSITY · EMMITSBURG, MD 21727
800-448-4347 · 301-447-5207 · 301-447-5915 FAX · FINAID@MSMARY.EDU · WWW.MSMARY.EDU/FINANCIALAID

2009-10 FINANCIAL AID APPLICATION

Instructions/Deadlines

This form serves as a supplement to the Free Application for Federal Student Aid (FAFSA) for first-year students and for returning students with unique financial circumstances. In order to be considered for need-based financial aid, these students must submit the following:

1. Free Application for Federal Student Aid (*FAFSA*) to the federal processor. Mount St. Mary's Title IV code is 002086. **The FAFSA may be submitted via the internet at www.fafsa.ed.gov.**
2. Upon submitting the FAFSA, complete this form, *Mount St. Mary's Financial Aid Application*, and mail it to the Mount St. Mary's University Financial Aid Office. **This form may also be submitted via the internet at www.msmary.edu/financialaid.**

The University's priority deadline to receive both applications is March 1. In order to meet this deadline, families should submit their FAFSA **no later than February 15**. *For families whose federal tax returns are not completed by this date, we encourage you to submit your financial aid application using estimated 2008 income.*

Section I: General Information

Student Name _____ Date of Birth _____
(Last, First, Middle, Jr., etc.) (Month, Day, Year)

Social Security Number _____ Driver's License Number/State _____

Street Address _____ City _____ State _____ Zip Code _____

Student's email address _____ Parents' Email Address _____

Telephone: Home (____) _____ Father work (____) _____ Mother work (____) _____
Student cell (____) _____ Father cell (____) _____ Mother cell (____) _____

Section II: Enrollment Information

Financial Aid Application Status Freshman - never attended a university before
 Transfer student- number of credits you hope to transfer _____
 Returning MSM student (Sophomore Junior Senior)

Residency Status for 2009-10 On-campus Off-campus with parents Off-campus

Anticipated Date of MSM Graduation _____ Major _____

Section III: Parent Information

If your parents are divorced or separated, provide the information for the parent who lives at the address provided in Section I above. If this parent is re-married, information on his/her spouse must be provided.

Marital Status Married Re-married Single Widowed
 Separated/Divorced (If checked, date of separation/divorce) _____
(month / year)

Employment Information

Father/Stepfather's Name _____ Date of Birth _____ SSN _____

Occupation _____ Employer _____ Yrs w/ employer _____ Annual wages \$ _____

Mother/Stepmother's Name _____ Date of Birth _____ SSN _____

Occupation _____ Employer _____ Yrs w/ employer _____ Annual wages \$ _____



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Section IV: Financial Information

Status of parents' 2008 Federal Tax Return Already filed Not filed yet, but plan to file Will not file

2008 Parents' Adjusted Gross Income \$ _____ 2008 Parents' Untaxed Income \$ _____

Sources of Taxable Income: Wages \$ _____ Interest/Dividends \$ _____ Soc. Sec. Benefits \$ _____
 Other \$ _____ (Specify _____)

Sources of Non-taxed Income: Social Security Benefits \$ _____ Child support received \$ _____
 Payments to tax-deferred plans \$ _____ Earned Income Credit \$ _____
 Foreign income exclusion \$ _____ Other \$ _____ (Specify _____)

Do you own your current home? Yes No Monthly mortgage/rent \$ _____

If you own your current home, year purchased? _____ Purchase price \$ _____ Current value \$ _____

Will 2009's income be significantly different? Yes No If yes, expected AGI? \$ _____ Provide explanation in Section VI.

Section V: Household Information

List the name, age and relationship to you (the student) of the people your parents will support during the 2009-10 academic year. Include your parent(s), siblings and any others who live with you and will receive more than half of their support from your parent(s). If any of your siblings are attending **college** or a **private high school/elementary school**, include the net cost (less financial aid) of the school.

Name	Age	Relationship	School	Grade level	Estimated Cost (less financial aid)

Section VI: Explanation/Special Circumstances

Please explain any special circumstances, including any expected changes income, that you feel should be considered below.

Section VII: Certification

By signing below, I/we certify that the information provided is correct at this time and that, in the event I/we become aware of any necessary changes to this information, I/we will contact the financial aid office with those changes.

Student Signature: _____ Date: _____
 Parent Signature: _____ Date: _____

Please mail the completed form to: Financial Aid Office, Mount St. Mary's University, Emmitsburg, MD 21727