



18. List below all institutions previously attended even if no financial aid was received:

Name of College(s)	City/State	Dates Attended

**STUDENT'S INFORMATION**

LIST BELOW YOUR ESTIMATED MONTHLY INCOME/RESOURCES FOR THE TIME PERIOD REQUESTED.

19. Student (and spouse) income and resources

	2010-2011 School Year (Sept. 2010-May 2011)
Your MONTHLY est. income from work	\$ _____ month
Your spouse's MONTHLY est. income from work	\$ _____ month
MONTHLY Public Aid/TANF	\$ _____ month
MONTHLY Social Security Benefits	\$ _____ month
MONTHLY Veterans Benefits	\$ _____ month
MONTHLY Child Support you receive	\$ _____ month
Other income per MONTH Source _____	\$ _____ month
Child Support you <u>PAY</u> each month	\$ _____ month

20. Student's Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Will you continue to work for this employer in 2010-2011 school year?  yes  no

21. Spouse's name \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 College in 2010-2011 \_\_\_\_\_

**22. FAMILY INFORMATION**

List below the members of your family based on the following information:

**DEPENDENT STUDENTS** – If you are under the age of 24 and your parent's income is used on your FAFSA, include yourself, your parent(s), your brothers & sisters, and others who are supported by your parent(s) from July 1, 2010 through June 30, 2011.

**SELF-SUPPORTING** – If you are over the age of 24 or were not required to include parent income, list yourself, your spouse and your children (if applicable) that live with you and are supported by you between July 1, 2010 and June 30, 2011.

Name of Household Member	Age	Relation to Student	☐ * Yes	<u>*If Attending College in 2010-2011</u> (Name of College) Do Not List Parent's College
		Self/Student	☐	Kishwaukee College

\*ATTENDING COLLEGE IN 2010-2011 – Be sure to include the name of the college in the box above for family members who will attend college (excluding Parents) at least half-time (6 hrs.) in at least one term at an accredited school from 7/1/2010-6/30/2011.

23. Attach explanation of special circumstances or unusual expenses.

I agree to verify, upon request, any information submitted on my financial aid documents. I agree to inform the Financial Aid Office immediately of any changes in the information submitted. I also understand that Kishwaukee College must cancel all my financial aid if irregularities are detected and verified. I understand that I must make satisfactory academic progress defined by Kishwaukee College to continue to receive financial aid; I must be enrolled for at least 6 semester hours each semester to receive financial aid from most programs; that financial aid funds I am awarded will be applied first to outstanding bills owed to the college; that financial aid checks are mailed by the Business Office, and that I must be actively pursuing my courses to receive financial aid awards. I must be enrolled in classes that apply to a degree or certificate I can earn at Kishwaukee College. I CANNOT RECEIVE FINANCIAL AID FROM TWO SCHOOLS DURING THE SAME TERM.

I declare under penalty of perjury that all information on this application is true, complete and accurate.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

**FEDERAL WARNING:** If you purposely give false or misleading information on this form, you may get a \$20,000 fine, a prison sentence, or both.