

2011-2012 TOURO LOS ANGELES FINANCIAL AID APPLICATION

I. PERSONAL INFORMATION:

Program & Ext: TUL-LAS **First Semester of Attendance: (Mo./Yr.)** Full-Time Part-Time

Anticipated Credits/Semester (circle one each): Summer 3/6/9/12+ Fall 3/6/9/12+ Spring 3/6/9/12+

Expected Graduation Date: (Mo./Yr.) _____

Check one: A Tax Return is Enclosed A Tax Return Will not be Filed Filing Extension Enclosed

Student's Name: _____ **Student's Soc. Sec #:** _____
Family / Maiden / First / Middle

Home Address: _____ **Touro ID#:** _____
Number Street Apt.

_____ **E-Mail Address:** _____
City State Zip Code

Home Telephone: () _____ **Work Telephone: ()** _____ **Cell Telephone: ()** _____
Area Code Area Code Area Code

Address to which financial aid material should be mailed, if different from above: _____

_____ Number Street Apt. City State Zip Code

Date of Birth: / / **Sex:** Male Female **Country of Citizenship:** _____ **Alien Reg. # A:** _____

Marital Status during 2011-2012 (Check One): Single Separated Divorced Married **Date of Marriage:** _____

During the academic year will your spouse be (mark all that apply):
 Employed A Student Other Please specify: _____

II. FINANCIAL INFORMATION:

I am applying for the following kinds of aid: Grant College Work Study Loan (see below)

Direct Federal Stafford Loans: _____ **Amount Requested: \$** _____

Direct Federal Plus Loan: _____ **Amount Requested: \$** _____

Private Loan: Name of Lender: _____ **Amount Requested: \$** _____

Are you eligible for any scholarships?: Yes No **If yes:** _____ **,\$** _____
Name Per Year

Are you eligible for V.A. benefits?: Yes No **If yes:** _____ **,\$** _____
Type of Benefit Per Year

III. ACADEMIC HISTORY:

List all post-secondary schools you have attended:

Institution	Location	Period of Attendance	Did you receive Financial Aid?: (Grants, Loans, College Work-Study)
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

IV. FOR CALIFORNIA STATE RESIDENTS:

I have been a resident of California since: _____ / _____ / _____
Day Month Year

My California taxable income for the year 2010, as it appears on my California tax return is:

\$ _____ I did not file a California tax return.

V. HOUSEHOLD:

Independent Students: List the people that you (and your spouse) will support between July 1, 2011 and June 30, 2012

Include:

- Yourself
- Your spouse
- Your dependant children (if you provide more than **half** of their support).

Include other people as part of your family only if:

- They lived with you and get more than **half** their support from you (and your spouse).
- They will continue to get more than **half** their support from you from July 1, 2011 and June 30, 2012

Dependent Students: List the people in your **parent's household**

Include:

- Yourself and your parents
- Your parent's other children, if your parents provide more than **half** of their support or the children would be required to provide parental information when applying for Federal Student Aid.
- Other people if they now live with your parents and your parents provide more than **half** of their support and will continue to provide more than **half** of their support from July 1, 2011 and June 30, 2012

Full Name	Age	Relationship	College Attending 2011-2012
1.		You (the student)	Touro College Los Angeles
2.			
3.			
4.			
5.			
6.			
7.			
8.			

If the number of people listed above differs from the number of exemptions on the enclosed tax return, explain why:

VI. CHILD SUPPORT:

- 1) **Did you, your spouse, or parents receive child support in 2010?** Yes No
 If YES list the amount \$ _____ .00
- 2) **Did you, your spouse, or parents pay child support in 2010?** Yes No
 If YES list the amount \$ _____ .00

NOTE: The amount listed should include payments received as a result of a court order as well as payment voluntarily provided. Your financial Aid Administrator may ask you for supporting documentation(copy of the court order, separation of divorce papers, letter of explanation, or other documents) to verify the amount reported.

VII. STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS:

_____ I certify that I am registered with Selective Services

OR

_____ I certify that I am not registered with Selective Services because: (check all that apply)

- _____ I am a female
- _____ I am in the Armed Services on active duty (Note: Does not apply to members of the Reserves and National Guard who are not on active duty)
- _____ I did not reach my 18th birthday at the time of filing my FAFSA
- _____ I was born before January 1, 1960
- _____ I am a resident of the Federated States of Micronesia, the Marshall Islands, or a permanent resident of the Trust Territory of the Pacific Islands (Palau)
- _____ I am a noncitizen who first entered the U.S. after turning 26

IF YOU, YOUR SPOUSE OR YOUR PARENTS ARE NOT FILING A TAX RETURN, YOU MUST COMPLETE THE SECTION BELOW

VIII. NON TAX FILERS

Independent Students – Use yourself and your spouse where applicable
Dependent Students – Use yourself and your parents where applicable

1.) **Did you receive federal work-study (FWS) in 2010?** Yes No
 If YES list the amount \$ _____ .00 of FWS earnings received in 2010.

2.) **Did you receive grants and/or scholarships in 2010?** Yes No
 If YES list the amount \$ _____ .00 of aid received in 2010.

3.) **If you, your spouse or your parents did not file and are not required to file a 2010 Federal Income Tax return, check all of the boxes below that apply.**

A. I (we) did not file and are not required to file a 2010 Federal Income Tax return.

- You Your Spouse Your Parents

B. List below you, your spouse’s, your parent’s employer(s) and any other sources of untaxed income received in 2010. Also, list the amount of money received.

Your (the student) Sources	Amounts	Your Spouse’s or Parent’s Source(s)	Amounts
1.	\$	1.	\$
2.	\$	2.	\$
3.	\$	3.	\$
4.	\$	4.	\$
5.	\$	5.	\$
6.	\$	6.	\$

IX. RELEASE OF CONSENT:

As per the Family Educational Rights and Privacy Act (FERPA), Touro College will not discuss matters of your financial aid or your bill without the specific authorization from the student. If the student chooses to fill this section out we will only disclose this information with the individual(s) you list below.

I authorize the financial aid office of Touro College to discuss circumstances regarding my tuition and related expenses while attending Touro College with the following people:

List all people here that you give permission to discuss your financial aid with.

Your signature (student)

Date

X. PERMISSION TO CORRECT FAFSA INFORMATION

Information on your Institutional Student Aid Report which is generated by the FAFSA application may need to be corrected. Touro College Los Angeles can expedite these corrections by having a student and parents, (if required for dependent students) provide consent by signing in this section. By signing below you are authorizing Touro College to make any required changes to your FAFSA.

Your signature (student)

Date

Your parent's signature (needed for dependent students only)

Date

XI. STATEMENT OF EDUCATIONAL PURPOSE / CERTIFICATION STATEMENT ON REFUNDS AND DEFAULT

THIS SECTION MUST BE SIGNED IN ORDER TO PROCESS YOUR APPLICATION

If you are the student, by signing this application you certify that you (1) will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education, (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it, (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it, (4) will notify Touro College if you default on a federal student loan and (5) will not receive a Federal Pell Grant for more than one college for the same period of time.

SIGN THIS FORM

By signing this form, I/we certify that all the information reported is complete and correct.

Your signature (student)

Date

Your parent's signature (needed for dependent students only)

Date
