



# LEHIGH UNIVERSITY®

## 2016-2017 Application for Financial Aid

(Do not leave any items blank. Answer N/A if not applicable.)

### A. STUDENT INFORMATION

Student Name: \_\_\_\_\_ LIN\*: \_\_\_\_\_

\*If you have not yet been given a Lehigh Identification Number (LIN), please provide your Social Security Number

Are you applying for: ☐ Federal and Institutional Aid ☐ Federal Aid Only\*\*

\*\*Note: If you are applying for Federal Aid Only, you will only need to submit the FAFSA. If you have been selected for verification by the government you may be required to submit additional documentation, as requested from our office.

Term(s) for which aid is being requested (check one):

☐ Full 2016-2017 Year ☐ Fall 2016 ☐ Spring 2017 ☐ Engineering Co-op Participant (Summer 2016 & Spring 2017)

Anticipated College Graduation Date (Month & Year): \_\_\_\_\_

Will you commute from home? YES ☐ NO ☐

Will you receive any *Private* Scholarships in 2016-2017? YES ☐ NO ☐ (Do NOT include any Lehigh University aid.)

Scholarship Name	Amount
	\$
	\$

**Parents or Independent Student:** The following information is to be completed with your parent(s) **unless** you satisfy any of the criteria defining an independent student as stipulated by the Federal Government and Lehigh University's Office of Financial Aid. If you meet the independent criteria, please complete this section with your information (and that of your spouse, if applicable).

### B. FAMILY INFORMATION

On the grid below, list and provide information about each person your parents **will support between July 1, 2016 and June 30, 2017. Include yourself, your parents(s) with whom you live (including step-parent) and dependents currently living in your parents' household.**

Full Name	Age	Relationship to Student	Name of School/College**	Year in School**	Total Cost of Attendance**	Scholarships & Grants**	Housing Code*
Student Applicant		Self	Lehigh University		N/A	N/A	
					\$	\$	
					\$	\$	
					\$	\$	
					\$	\$	
					\$	\$	

If additional persons are included in the household, please provide an attached list of names and information.

\*Housing Codes: 1 - live at school (on or off campus) 2 - live at home

\*\*Complete these sections if your parents will pay tuition for any household member listed above (elementary, secondary or post-secondary) in the **2016-2017** award year. If enrollment plans change for any person listed above, *notify us immediately*. Changes in enrollment will most likely affect your aid eligibility.

**C. STUDENT'S TAX FORMS AND INCOME INFORMATION (AND SPOUSE IF APPLICABLE)**

☐ I am attaching my tax returns or have already submitted my federal income tax return and W-2(s) to the school on \_\_\_\_\_.

☐ I am not filing a tax return, and am not required to file a 2015 Federal Income Tax Return. (see below\*)

Please indicate below the amount of **untaxed** income that the student received in 2015:

Sources of Untaxed Income	Amount	Sources of Untaxed Income	Amount
Tax Exempt Interest: IRS Form 1040 or 1040 A line 8b	\$	Payments to Tax Deferred Pensions: W-2 Form: boxes 12a to 12d, codes D, E, F, G, H, S	\$
Deductible IRA/Keogh: IRS Form 1040 line 28 + 32; 1040A line 17	\$	Untaxed Pensions: IRS Form 1040: line 16a minus 16b; 1040A line 12a minus 12b	\$
Child Support:	\$	Welfare Benefits:	\$
Housing, Food, Living Allowances:	\$	Veterans' Non-Educational Benefit:	\$
Gifts/Support from Others:	\$	Other:	\$

*\*If you did not file and are not required to file a 2015 Federal income tax return, please indicate below any sources of income received in 2015. Attach a copy of all W-2s from employer(s). Be sure to include any interest or dividend income that the student received in 2015.*

Sources	2015 Income
Income Earned from Work:	\$
Interest Earned (cash, savings and checking accounts):	\$
Dividends Received:	\$
Other:	\$

**D. PARENT(S)' TAX FORMS AND INCOME INFORMATION**

☐ I am attaching a copy of my parent's tax returns or have already submitted my parent's tax returns to the school on \_\_\_\_\_.

☐ My parent(s) are not filing a tax return, and are not required to file a 2015 U.S. Income Tax Return. (see below\*)

Please indicate below the amount of **untaxed** income that your parent(s) received in 2015:

Sources of Untaxed Income	Amount	Sources of Untaxed Income	Amount
Tax Exempt Interest: IRS Form 1040 or 1040 A line 8b	\$	Payments to Tax Deferred Pensions: W-2 Form: boxes 12a to 12d, codes D, E, F, G, H, S	\$
Deductible IRA/Keogh: IRS Form 1040 line 28 + 32; 1040A line 17	\$	Untaxed Pensions: IRS Form 1040: line 16a minus 16b; 1040A line 12a minus 12b	\$
Child Support:	\$	Workman's Compensation:	\$
Housing, Food, Living Allowances:	\$	Welfare Benefits:	\$
Gifts/Support from Others:	\$	Veterans' Non-Educational Benefit:	\$
Other:	\$	Other:	\$

*\*If your parent(s) did not file and are not required to file a 2015 Federal income tax return, please indicate below any sources of income that they received in 2015. Attach a copy of all W-2s from employer(s). Be sure to include any interest or dividend income that your parent(s) received in 2015.*

Sources	2015 Income
Income Earned from Work:	\$
Interest Earned (cash, savings and checking accounts):	\$
Dividends Received:	\$
Other:	\$

**E. ADDITIONAL FINANCIAL INFORMATION**

1.) Child Support and/or Alimony	Received in 2015	Paid in 2015*
Total amount of child support:	\$	\$
Child support for student applicant:	\$	\$
Alimony:	\$	\$

\* For **Child Support paid**, please confirm:

- Name of Individual who paid the child support: \_\_\_\_\_
- Name of individual to whom child support was paid: \_\_\_\_\_
- Name(s) of child(ren) **AND** age(s) for whom child support was paid: \_\_\_\_\_

2.) SNAP Food Stamp Benefit:

Has a member of your family received SNAP-Food Stamps benefits during the 2014 and/or 2015 calendar year?  
 Yes ☐ No ☐

**F. FERPA PRIVACY ACT WAIVER**

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. FERPA prohibits our office from releasing your Financial Aid information to your parents. Please sign the waiver below if you would like to enable us to discuss your record with the individual(s) listed below. For more information visit: <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

I, \_\_\_\_\_ give the Lehigh University Office of Financial Aid permission to release information about my Financial Aid applications and awards to the person(s) listed below. This waiver of my FERPA rights will remain in effect during the 2016-2017 academic year:

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

**G. SIGNATURES**

By my signature: I certify that the information provided is true and correct to the best of my knowledge; I acknowledge my responsibility to notify the Office of Financial Aid if any academic, financial, or certification information changes during the period of enrollment; I understand that if I should be named a scholar through one of the Lehigh University Endowed or Sponsored funds my directory information (name, college, class, etc.) may be disclosed to the donor of said scholarship; I acknowledge that I have read and understand the need-based financial aid rules and regulations at <http://www1.lehigh.edu/financialaid/undergrad/policies>; I comply with any additional requests for information from the Office of Financial Aid.

**STUDENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please submit to Lehigh University's Office of Financial Aid

Via Fax: (610) 758-6211 or LU FileSender at [www.lehigh.edu/financialaid](http://www.lehigh.edu/financialaid) , or Email: [inemesc@lehigh.edu](mailto:inemesc@lehigh.edu)

You may also contact our office at (610)758-3181 or [financialaid@lehigh.edu](mailto:financialaid@lehigh.edu)