

Phi Sigma Sigma Foundation

Financial Aid Questionnaire (FAQ) for educational grants due March 24, 2019

Applicant Name:	Chapter:	
Email address:		

Financial Analysis Questionnaire (FAQ)

If you are a Canadian citizen, citizen of some other country, or unable to complete the FAFSA then complete this form.

Federal Student Aid (FAFSA)

If you are a US citizen complete the Free Application for Federal Student Aid (FAFSA) for 2019-2020. For those using the FAFSA, please submit the Student Aid Report (SAR) you receive after your FAFSA is processed.

This form should only be filled out if you are unable to complete a FAFSA.

What is the FAQ?

This Financial Analysis Questionnaire (FAQ) has been specifically developed for the Phi Sigma Sigma Educational Grants Program. The information reported is reviewed by a <u>private financial aid consultant</u>, who is in no other way connected to the Phi Sigma Sigma Foundation or Fraternity. An evaluation of need is given to the Scholarship Committee of Phi Sigma Sigma Foundation. The information received by the committee is confidential and is utilized solely for the purpose of determining issuance of a grant.

Who fills out the FAQ?

This questionnaire should be filed on behalf of Phi Sigma Sigma members applying for a Foundation Educational Grant only. The Student Statement (Parts I, II, and III) of the FAQ should be completed by the student who is applying for the grant. If the answer to Number 6, 7, or 8 in Part I, Student Statement, is affirmative, a parent must also fill out the Parent Statement (Parts IV and V) of the FAQ. * If the answers to Numbers 6, 7 and 8 are all negative, only the Student Statement of the FAQ need be filled out (student is considered independent).

* If a student's parents are separated or divorced, information should be provided by the parent who has custody for the greatest portion of the 12 month calendar year. If the parents are divorced, or if the parent is widowed and the parent has remarried, the student's step parent should be considered as parent in filing the application.

Accuracy of Information:

For the accurate assessment of the grant award, as well as for respect and fairness to other candidates applying for grants, it is important that the information provided be truthful and complete. Failure to comply in this area may jeopardize the awarding of a grant. In order to insure accuracy of reported information, an official copy of the parents' and student's 2017 U.S. income tax return from the Internal Revenue Service must be attached.

Filing the FAQ:

Each application must be signed by the applicant and the parent who has filled out the Parent Statement (when applicable) and it must also be <u>stamped and signed by a notary public in two places</u> - at the <u>bottom of pages 4 and 6</u>.

The FAQ must be sent to Phi Sigma Sigma Foundation, Attn: Foundation Scholarship Committee

8178 Lark Brown Road, Suite 202, Road Elkridge Maryland 21075, and must be postmarked by midnight March 24, 2019.

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Student Statement PART I – General Information

1.	
	Name of Student
2.	
	Student's Permanent Mailing Address (include ZIP)
3.	Student's e-mail () Home Phone Numbe
4.	Chapter () School Phone Number
5.	Student's year in college 2019-2020 Second Third Fourth Fifth Graduate/Professional
6.	Has the student been enrolled full-time for the 2019-2020 academic year? Yes No
7.	Did (or will) the student live with parents for more than 6 weeks during calendar years: 2018 () 2019 ()
8.	Did (or will) the parents claim student as a U.S. income tax exemption for: 2018 () 2019 ()
9.	Did (or will) the student receive assistance worth more than \$750 from parents during calendar years: 2018 () 2019 ()
10.	Present marital status: Single Married Separated Divorced
11.	Anticipated date of marriage: month/year
12.	Number of children: Number of the student's children in college: (during 2018-2019)
13.	Student's occupational status for summer 2018.
	full-time employee part-time employee
	full-time student part-time student
14.	Student's occupational status for academic year 2018-2019. Check those applicable:
	full-time employee part-time employee
	full-time student part-time student
15.	Describe any circumstances that warrant special consideration:
16.	What college/university will the student attend during 2019-2020?
	J,

Applicant's name_	
F-mail address:	

Student Statement

PART II – Student's and Spouse's (or prospective spouse's) Earnings & Assets

(All items <u>must</u> be answered. If none for some items in 2018-2019 enter "0". If employment and earnings, etc. are unknown and are anticipated for 2019 write "est." next to entry.)

	<u>S</u>	<u>ummer</u>
	<u>2018</u>	<u>2019</u>
 Student's wages, salaries, tips, interest, dividends, and other income after taxes and FICA. 	\$	\$
2. Spouse's or prospective spouse's wages, salaries, tips, interest, dividends, and other income, after taxes and FICA.	\$	\$
TOTAL	\$	\$
3. Student's academic year wages, salaries, tips; interest,	<u>Nine-Month</u> 2017-2018	n Academic Year 2018-2019
dividends, and other income, after taxes and FICA (do not include work study).	\$	\$
 Spouse's academic year wages, salaries, tips; interest, dividends, and other income, after taxes and FICA (do not include work study). 	\$	\$
5. Student's non-taxable income (social security, veteran's benefits, etc.).	\$	\$
6. Spouse's non-taxable income (social security, veteran's benefits, etc.).	\$	\$
7. Financial assistance from student's parents.	\$	\$
8. Financial assistance from spouse's parents.	\$	\$
9. Student's scholarships, grants, etc.	\$	\$
10. Spouse's scholarships, grants, etc.	\$	\$
TOTAL	\$	\$
11. Assets - bank accounts, stocks, other investments (give principal amount, not earned interest or dividends) - current market value less anything owed = equity amount.	\$	\$
a. Cash, savings, checking accounts - equity	\$	\$
b. Home - equity	\$	\$
c. Other real estate and investments - equity	\$	\$
d. Business/Farm - equity	\$	\$
12. Have you or will you apply for a loan to help meet your educational expenses for the 2018-2019 academic year?	() YES	() NO
If so, what is the amount?	\$	

Applicant's name _	
E mail addrage:	

Student Statement PART III – Student's and Spouse's (or prospective spouse's) Expenses

All items <u>must</u> be answered. If none for some items in 2018-2019 enter "0". If exact amount unknown enter an anticipated figure for 2019 and write "est." next to entry.)

for 2	019 and write "est." next to entry.)		, ,
		<u>Summer 2018</u>	<u>Summer 2019</u>
1.	Student's (and spouse's, if applicable) living expenses.	\$	\$
		Nine-Month	Academic Year
		2017-2018	<u>2018-2019</u>
2.	Student's tuition and fees.	\$	\$
3.	Student's books, supplies, etc.	\$	\$
4.	Spouse's (if a student) tuition, books, supplies, etc.	\$	\$
5.	Student's (and spouse's, if applicable) room and board (complete one of the following):		
	lives with parents & commutes, or maintains own household & commutes, or	\$	\$
	lives in sorority house, or	\$	\$
	lives in school residence hall, or	\$	\$
	other (describe)	\$	\$
6.	If student commutes to school, give fare.	\$	\$
7.	If spouse commutes to school, give fare.	\$	\$
8.	Medical, dental expenses (combine if married) not covered by insurance.	\$	\$
9.	Miscellaneous expenses (combine if married).	Φ.	•
	Identify	\$	\$
		Φ ¢	φ
	TOTAL	\$ \$	\$ \$
10.	Indebtedness	\$ Amount Owed	\$ Amount Owed
	(lender and purpose)	as of 9/2018	during 2018-2019
		\$	\$
		\$	\$
		\$	\$
•		\$	\$
•••	IMPORTANT: Please note the FAQ must be notarized in two places: the	ne bottom of pages 4 and 6.	•••••
	Student's Statement Notarization		
	of		
Cour	nty of	I cave that I am the applicar	at referred to herein and
the ir	(legal name), being duly sworn, deposes and (legal name), depose and (legal		ictelened to netelliand
Swor	rn to before me thisday of2019.	(Applicant's S	ignature)
	Mv	commission expires:	
(Note	ary Public's Signature)		

Applicant's name	
E mail addrage:	

Parent Statement PART IV – General Information

(To be completed by parents only if student is dependent.)

1.									
	Name of father, stepfather or male guard	dian						Date of Birth	
	Home address								
	Occupation							Title	
	Employed by							Number of Years	
2.	Name of mother, stepmother or female of	guardian						Date of Birth	
	Home address								
	Occupation							Title	
	Employed by							Number of Years	
3.	Number of dependent children	n claimed	d, or t	o be claime	d, as U.S. inco	me	e tax exem	otions (include student fili	ng this form):
		2017	7 ()	2018 ()		
4.	Number of other dependents (No. 3 or yourself or spouse):	claimed,	or to	be claimed,	as U.S. incom	ne '	tax exempt	ions (do not include childi	ren noted in
		2017	7 ()	2018 ()		
5.	List dependent children other beyond high school (at least h							lege or other educational	institution
	NAME	AGE	9	SCHOOL	LOCATION		YEAR IN SCHOOL	UNREIMBURSED TUITION & FEES	FULL/HALF TIME
6.	6. <u>Explanations and unusual circumstances</u> Use this section to explain any items you feel need more elaboration. If parents are divorced or separated use this section to explain financial agreements on alimony, child support and educational contributions. Attach an additional page if more room is needed. Include applicant's name on any attached pages.							ational	

Applicant's name	
E mail addrage:	

Parent Statement PART V – Parent Earnings & Assets (To be completed by parents only if student is dependent.)

All ite	ems must be answered. If none for some items, enter "0".		
		<u>2017</u>	Estimated 2018
4	Missas salada Kas intera ti Pilla ta Ray	Φ.	Ф
1.		\$ \$	\$ ¢
	Father or stepfather Mother or stepmother	\$ \$	Φ \$
	Motriel of Stephnotriel	Ψ	Ψ
2.	Non-taxable income (social security, veterans benefits, child support)	\$	\$
	TOTAL	\$	\$
2	ASSETS	present market value	unpaid mortgage
٥.	ASSETS	value	<u>principal</u>
	Home, if owned or being purchased	\$	\$
	Year purchased		
	Purchase price		
	Other real estate	\$	\$
	Investments (stocks, hends)	\$	<u></u>
	Investments (stocks, bonds)	Φ	Φ
	Business (include your share only of all business and farm assets)	\$	\$
	Cash, savings and checking accounts	\$	\$
4.	INDEBTEDNESS (personal and business)		
	<u>Lender</u>	<u>Amount</u>	<u>Due Date</u>
		\$	\$
		\$	\$
		\$	\$
5.	Medical and dental expenses not covered by insurance in 2016		
	calendar year.	\$	
	IMPORTANT: Please note the FAQ must be notarized in two places	s: the bottom of pages 4 and	6.
Ctete	Parent's Statement Notarization		
	of ty of		
	(legal name), being duly sworn, deposes and		t referred to herein and
the in	formation set forth is true and complete to the best of my knowledge, information and	belief.	
		(Parent's Sign	ature)
Sworr	n to before me thisday of2019.		
	My (Notary Public's Signature)	y commission expires:	
	(Indually Fublic's Signature)		