



Financial Aid Supplemental Information

Financial Aid Office
Kennebec Valley Community College
92 Western Avenue
Fairfield, ME 04937
(207) 453-5121

- Name _____ SSN# _____ Cell Phone # _____ Home Phone # _____
- If you attended prior colleges, please respond to the following: College (Name's) _____
Dates you Attended: _____ What is your Total Student Loan Debt? _____
- During this academic school year, you will live with: _____ Parents _____ Spouse _____ Alone/With Roommate _____
- Expected enrollment status (# of Credits): Full time (12+) _____ 3/4 time (9-11) _____ 1/2 time (6-8) _____ less than 1/2 (1-5) _____
- If you and/or your family have experienced loss of income due to unemployment, divorce, or other circumstances resulting in reduced household income between last year and the current year, please contact the financial aid office and request a professional judgment form**
- Are you interested in student loans? Yes _____ No _____
(Loans will not be offered unless this section is completed)

If you have an unusually high cost of attendance; for example, unreimbursed medical bills greater than 30% of your income, additional costs associated with a disability, a commute to KVCC of over 50 miles one way, or the purchase of a computer for your classes, please attach a letter explaining the expenses and include receipts, bills or other documentation.

FOR INDEPENDENT STUDENTS ONLY (PARENTS DID NOT SIGN FAFSA)

If you are an **independent student** and you did not file taxes and all of your income was TANF and or Social Security, please sign here. _____

DEPENDENT STUDENTS ONLY (YOU PUT PARENTS INFORMATION ON THE FAFSA)

TANF Social Security VA Disability or Workers Comp - Monthly Amount _____

IN ORDER TO PROCESS YOUR FINANCIAL AID AWARDS THE FOLLOWING SECTION MUST BE COMPLETED OR THIS FORM WILL BE RETURNED TO YOU. IF NONE OF THESE APPLY TO YOU, PLEASE FILL OUT WITH N/A.

DO YOU RECEIVE ANY OF THE FOLLOWING: **DO NOT LEAVE BLANK:**

SECTION 8 Housing (low income housing assistance): Monthly rent subsidy: \$ _____

Food Stamps: Monthly Amount: \$ _____

FOR THE FOLLOWING IF YOU DO NOT KNOW THE EXACT AMOUNTS – YOU SHOULD BE ABLE TO ESTIMATE AMOUNTS RECEIVED FROM PREVIOUS MONTHS

Vocational Rehabilitation: (if you receive any assistance from this agency to help with living costs, transportation, child care, etc.) Monthly Amount \$ _____

Career Center: (if you receive any assistance from this agency to help with living costs, transportation, child care, etc.) Monthly Amount \$ _____

Aspire/TANF Benefits: (please include any assistance received to help with monthly expenses (including phone, electricity, oil, etc.) Monthly Amount \$ _____

Town Assistance: (please include any assistance received to help with monthly expenses (including phone, electricity, oil, etc.) Monthly Amount \$ _____

Weekly day care expenses for the time you are attending **required classes**, labs, clinical, **ONLY**

Indicate amounts of scholarships, grants, or assistance from agencies for the upcoming year. (Please attach scholarship letter)* Please indicate zero (0) if you do not receive any of the scholarships or financial assistance listed below.

	<u>Amount</u>	
Scholarships	_____	
Employee Assistance	_____	
Veterans Benefits	_____	Per Month

7. Do you have a bachelor's degree, if not will you have a bachelor's degree before July 1, 2011 Yes _____ No _____

8. Are you or you parents: A dislocated worker? _____ A current or past employee of Mardens? _____ or Dexter Shoe _____

For Section Below

IF YOUR PARENT DID NOT HAVE TO SIGN YOUR FAFSA:

- List yourself
- List your spouse if you are married
- List children that live with you and/or for whom you provide more than 50% of their support for the year 7/1/11 - 6/30/12
- If any of the above are in college at least half time, fill in the name of the college

IF YOUR PARENT DID HAVE TO PROVIDE FINANCIAL INFORMATION AND SIGN YOUR FAFSA:

- List yourself, even if you don't live with your parent (s)
- List your parents - if they are divorced or separated, list the parent who filled out the FAFSA and his/her spouse if married
- List other children who live with the parent who filled out the FAFSA, if the parent supports the child(ren) more than 50% for the year 7/1/11 - 6/30/12
- If any of the above are in college at least half time, fill in the name of the college

Full Name	Age	Relationship	College
		Self	KVCC

Tax Forms and Income Information

Please complete boxes 1, 2, & 3 below (as appropriate). 2010 Federal Income Tax returns include the 2010 IRS Form 1040, 1040A, 1040EZ, and W-2s.

Did you (the student) file a 2010 tax return?	Did your parent(s) file a 2010 tax return?
Yes, I have filed	Yes, I have filed
Not yet, but I will	Not yet, but I will
No, I won't be filing.	No, I won't be filing.

