To be considered for need-based aid at Calvin you must complete the FAFSA (Free Application for Federal Student Aid).

Complete this supplemental form if your family has special financial circumstances beyond what was provided on the FAFSA that affect your ability to pay for college. You only have to submit one form per family—list siblings in Section A.

**The deadline for submitting this form is February 15 (prospective students) or March 1 (transfer or returning students).** You are still encouraged to apply after these dates, though funds may be limited.

### Section A: Student Information

**Student’s name**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

**Permanent address**

<table>
<thead>
<tr>
<th>Number</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Social security number**

Social security number ________________

**Calvin student number**

Calvin student number ________________

(if known)

**Sibling(s) at Calvin**

name(s) and student number(s) of sibling(s) at Calvin in 2016-2017.

### Section B: Parents’/Stepparents’ Information

**Name**

Name ________________________________

**Email**

Email ________________________________

**Occupation**

Occupation ________________________________

**Employer**

Employer ________________________________

continued →
Section C: Request for Special Consideration based on Special Circumstances

A student’s eligibility for need-based financial aid is usually determined by the parents’ and student’s income and assets from the prior calendar year (2015 for the 2016-2017 award year). Standard allowances are made against income for taxes and other necessary expenses. However, adjustments can be made in the evaluation if the family’s financial situation changes or if the family incurs unusual expenses.

1. **High cost of living.** Please indicate the metropolitan area in which you live. Those residing outside of the US or Canada should include their country of residence: ________________________________

   Explain below the factors that contribute to the high cost of living in your area.

2. **Elementary/Secondary tuition.** Indicate the total tuition that will be paid in 2016-2017 for children in grades K-12.

<table>
<thead>
<tr>
<th>Name of child</th>
<th>Educational Information for 2016-2017</th>
<th>Tuition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name of School</td>
<td>Grade</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

   a. TOTAL Tuition $ 

   **Reductions to Tuition Charges**
   
   *List any tuition assistance received from:*

   | Church | $ |
   | School (student scholarships/financial aid) | $ |
   | Other: Grandparents/other family members, friends, etc. | $ |

   b. TOTAL Reductions $ -

   Subtract total reductions (b) from total tuition (a) TOTAL Tuition you will pay $
3. **Reduction in parents’ income.** Estimate 2016 income below if there has been (or will be) a **reduction of at least $5,000** from income in 2015. Please determine unemployment benefits before projecting income due to job loss.

*Caution: If a later review of your 2015 federal tax return or other documentation shows that you underestimated your expected 2016 income, the student’s aid eligibility will be adjusted accordingly the following year.*

a. Father’s projected 2016 earnings: $ ____________________________

b. Mother’s projected 2016 earnings: $ ____________________________

c. Severance package, if applicable: $ ____________________________

d. Projected unemployment compensation: $ ____________________________

e. Other projected taxable income in 2016 (interest, dividends, alimony received, capital gains (or losses), etc.): $ ____________________________

f. Adjusted gross income (sum of lines a-e): $ ____________________________

g. Projected untaxed income in 2016 (include the same types of income included in question #94 on the FAFSA): $ ____________________________

h. Total projected income for 2016 (sum of lines f and g): $ ____________________________

Explain in item #5 the reason(s) for reductions in income. Be specific, noting date of unemployment, whether or not the reduction is due to a job change or loss of a job or whether the reduction is due to loss of overtime or the loss of a bonus.

4. **Other non-discretionary expenses and explanations of special circumstances.** Please itemize and explain below any other expenses such as a parent attending college, nursing home care for parents, exceptional health care expenses, etc. that affect your ability to pay college expenses. Use this space also to explain your responses to any items on this form or the FAFSA that you feel need further explanation. Use additional paper if necessary.

**Certification:** By signing this form, we certify all information reported is true and accurate. We understand if this form is submitted late or incomplete, the student’s aid may be delayed or reduced.

Student ____________________________ Date ____________________________

Parent ____________________________ Date ____________________________

Return completed form to: **Financial Aid Office • Calvin College**

3201 Burton Street SE • Grand Rapids MI 49546

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Calvin College

Financial Aid Office

616-526-6134 • 800-688-0122 • fax: 616-526-6883

e-mail: finaid@calvin.edu • calvin.edu/admin/finaid

Calvin does not discriminate with regard to age, race, color, national origin, gender or disability in any of its educational programs or other activities.