Bucknell UNIVERSITY

OFFICE OF FINANCIAL AID
621 St. George St.
Lewisburg, PA 17837
570-577-1331
Fax: 570-577-1481
finaid@bucknell.edu

BUCKNELL UNIVERSITY VERIFICATION FORM

Academic Year 2015-2016

Return to Bucknell University

APPLICATION DEADLINE:

CLASS OF 2019 FIRST YEAR APPLICATION DEADLINE: MAY 10, 2015

Name:_____
Last First Middle

Bucknell ID #: ___ ___ ___ ___ ___ ___ ___ ___ Anticipated College Graduation Date: _____/ _____
(month) (year)

Please list any siblings who will be enrolled at Bucknell in 2015-2016: _____

LIST OUTSIDE AID:

List **any** outside education-related funding you anticipate receiving for 2015-2016 from **all** sources ***other than Bucknell***, including outside grants and scholarships, Employee Tuition Benefits, VA Benefits, and any other funding for education related expenses. (Do **NOT** include Bucknell aid or federal/state aid.) Please be aware that the total of all gift aid you receive (all grants, scholarships, tuition benefits, VA benefits, and any other funding for education related expenses) cannot exceed Bucknell's published comprehensive cost (tuition, student activity fee, standard double room, anytime access meal plan) plus $1,500. If this amount is reached, we will reduce Bucknell aid (need based and/or merit based) dollar for dollar.

$_____ Source_____

$_____ Source_____

$_____ Source_____

$_____ Source_____

STUDENT LOAN INTEREST: ***If you wish to borrow your maximum loan eligibility, you do not need to check anything below.*** However, if you wish to decline any amounts, please mark below. Maximum annual loan limits are $5,500 freshmen, $6,500 sophomores, $7,500 juniors and $7,500 for seniors. Of these, the subsidized maximums are $3,500, $4,500, $5,500, and $5,500, respectively. Eligibility is determined by financial need, class level and loan program rules.

Subsidized Federal Direct Loan ..... [ ] I WISH TO DECLINE.

Unsubsidized Federal Direct Loan ..... [ ] I WISH TO DECLINE.

FEDERAL WORK STUDY: ……[ ] I WISH TO DECLINE.

FEDERAL TAX RETURNS AND W-2 FORMS:

Please submit to our office signed copies of the first 2 pages, schedules A, B, C, D and K (if filed), and W-2 forms:

- **Parent(s) 2014 Federal Tax Return (1040, 1040A or 1040EZ) and W-2 Forms**

BE SURE TO COMPLETE ALL OF THIS SECTION IN FULL.

1) Did the parent(s) work in 2014? …….. YES…….NO (If yes, be sure to submit copies of all W-2 forms.)

2) Did the parent(s) file a tax return in 2014? ….YES…….NO (If yes, be sure to submit a copy.)

NUMBER IN HOUSEHOLD:

List the parent(s) (legal parents, either biological or adoptive, if they live together, regardless of actual marital status or gender) who support you, and other siblings/ dependents under age 24 who will be financially supported by your parents in the 2015-16 academic year and reside in your parents' household. (They do not have to be claimed as exemptions.) Include other family members on a separate sheet of paper if necessary.
PLEASE NOTE: Be sure to include your parents as family members. Complete all sections in this grid in full.

Name of Family Member (i.e.: father, mother, sister, brother, etc.) *(Complete section in full.)*	**Age** *(Complete section in full.)*	**Relationship to you** *(Complete section in full.)*	**Does person attend college at least ½ time for at least one term in 2015-2016 as a degree-seeking *undergraduate* student?** *(Complete section in full.)*	Name of Sibling's College (if an undergraduate student in 2015-2016) *(Complete section in full.)*	**College Graduation Month/Year** *(Complete section in full.)*
STUDENT APPLICANT		SELF	full-time half-time	Bucknell University	
		Parent 1	full-time half-time		
		Parent 2	full-time half-time		
			full-time half-time		
			full-time half-time		
			full-time half-time		
			full-time half-time		
			full-time half-time		

UNTAXED INCOME:

Source of Untaxed Income Received	Parent(s) 2014 Amount Received	Student 2014 Amount Received
Child Support Received	$	$
Untaxed Social Security Income	$	$
Other Untaxed Income	$	$

SIGNATURES / CERTIFICATION:

The student and at least one parent must sign below, certifying that all information reported on this form is correct and that we will inform Bucknell's Office of Financial Aid in a timely manner if changes occur. We understand that if the student is selected for an endowed fund, a portion of the Bucknell aid will be funded from an endowed account, *but additional aid will **not** result.* If the student receives Bucknell aid, he/she will complete the Student Disclosure/Named Scholarship Form on myBucknell by June 30. We understand that if we complete the financial aid file after the deadline, or if our family's income increases or number in college (enrolled at least half-time in first undergraduate degree-seeking programs) decreases, then the Bucknell Need-Based Grant will also decrease. We understand that Bucknell may withhold or cancel financial aid if we do not provide any required and/or requested information. We understand that the information provided on our financial aid documents may be shared with the applicant and with other agencies from which we are requesting aid. We understand that total gift aid at Bucknell cannot exceed the published comprehensive cost of tuition, student activity fee, standard double room and anytime access meal plan plus $1,500, and if this total is reached, Bucknell aid (need-based and/or merit-based) will be decreased dollar for dollar. We give Bucknell's Office of Financial Aid permission to correct our FAFSA based on tax return, W-2, verification and other information that we provide. We give our permission for the Office of Financial Aid at Bucknell University to communicate with us electronically via the student's myBucknell email account and/or parent email address. We understand that enrollment at Bucknell University constitutes a contractual financial obligation to pay tuition and fees for classes in which the student is enrolled, and that the student's financial obligations are required by the due date set by the University each semester.

_____ _____

Student Signature Date Parent Signature Date

_____ _____

Parent preferred E-mail address Parent Daytime Phone Number