

ENGINEERING

SUMMER ACADEMY at PENN

ESAP FINANCIAL AID APPLICATION FORM (US Citizens & Permanent Residents)

Please submit a copy of your parent/ guardians' most recent 1040 Tax Forms and W-2 statements (2016)

Mail your financial aid form and supporting materials to:

ATTN: ESAP
220 South 33rd St.
109 Towne Building
Philadelphia, PA 19104-6391

To expedite the process email to esap@seas.upenn.edu or fax to 215-573-5577

Section A – Applicant Information

Name: _____ Social Security #: _____
Last First Middle

Home address: _____ Telephone: (____) _____
Street

_____ Date of Birth: _____
City State Zip Code

Daytime phone: (____) _____ (____) _____
Mother Father

E-mail address: _____ Fax #: (____) _____

Section B – Family Information

Mother's full name: _____ Custodial Non-custodial

Father's full name: _____ Custodial Non-custodial

Father / Stepmom / Male Guardian (please circle)

Employed Self – employed
 Unemployed – Since: _____

Occupation: _____

Employer: _____

No. of Years: _____ Telephone: (____) _____

Are your parents separated or divorced? Yes No

Mother / Stepmother / Female Guardian (please circle)

Employed Self – employed
 Unemployed – Since: _____

Occupation: _____

Employer: _____

No. of Years: _____ Telephone: (____) _____

Divorced, Separated, or Remarried Parents

If the student's natural or adoptive parents are divorced, separated or remarried, please fill out the following:

Name of noncustodial parent: _____ Date of Separation: _____ Date of Divorce: _____

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Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Employer/ Occupation: _____

Custodial parent remarried? Yes No If so when? _____

Noncustodial parent remarried? Yes No If so when? _____

Who has claimed the student as a tax deduction? _____

Child Support and Alimony:	Received in 2016	Paid in 2016
Child Support for all children	\$ _____	\$ _____
Child support for student applicant	\$ _____	\$ _____
Alimony	\$ _____	\$ _____

List those in your household who will be dependent upon (i.e., supported by) your parent(s) in 2016-2017.
 Include yourself, your parent(s) (or your custodial parent if divorced/ separated), your (step) brothers and (step) sisters, and other relatives.

Name	Age	Check if living with family	Name of Present School or College	Year in School/ College	Tuition and Fees	Room and Board	Scholarships or Gift Aid	Parental Support Toward Educational Expenses	Name of Institution to be Attended	Type of Institution			Check if Full Time
										Public School	Private School	College	
1													
2													
3													
4													
5													
6													

Section C – Parental Financial Information

Estimated Resources

List the amounts you expect to contribute toward your education and living expenses for 2017 from these sources. Do not include anticipated financial aid.

From parent(s)' income/ assets	\$ _____
Child support / non-custodial parent contribution	\$ _____
From Student assets	\$ _____
Student earnings from summer employment	\$ _____
Outside scholarships	\$ _____
Grants from parent(s)' employer	\$ _____
Other (please specify)	\$ _____
_____	\$ _____
Total	\$ _____

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Indicate taxable and/ or non-taxable income received from any of the following sources

	2016	2017 (estimate)
Disability Benefits or Worker's Compensation	\$ _____	\$ _____
Deferred Compensation	\$ _____	\$ _____
Housing/ Living Allowances (clergy, military, etc.)	\$ _____	\$ _____
Pension/ IRA	\$ _____	\$ _____
Social Security:		
Parents(s) <input type="checkbox"/> Disability <input type="checkbox"/> Retirement	\$ _____	\$ _____
Student applicant	\$ _____	\$ _____
Other children (# of children receiving benefit _____)	\$ _____	\$ _____
Other (please specify)	\$ _____	\$ _____

Taxes paid in 2016 (if you itemize, refer to your 1040 Schedule A)

State and local taxes \$ _____
 Real estate taxes \$ _____

Real Estate Owned

Do not include your primary home. Attach additional pages if necessary.

Date of purchase _____ Purchase price \$ _____ Current value \$ _____ Current debt \$ _____
 Date of purchase _____ Purchase price \$ _____ Current value \$ _____ Current debt \$ _____

Does either parent hold interest in:

- A. a corporation Yes No
- B. a partnership Yes No
- C. a farm Yes No
- D. a Schedule C Business Yes No

If the answer to A is yes, fax (215-573-5577) or email (esap@seas.upenn.edu) your most recently completed IRS Form 1120 or 1120S, including all schedules and K-1s. If the answer to B is yes, submit your most recently completed IRS form 1065, including all K-1s. If the answer to C or D is yes, submit your most recently completed tax returns, all pages, schedules and W-2's to ESAP.

Name of Business	Year Entered Business	Current Total Net Value	Percent of Ownership
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Parental Debt

	Current Amount Owed	Monthly Payment	# of Remaining Payments
First Mortgage	\$ _____	\$ _____	\$ _____
Second mortgage/ home equity loan	\$ _____	\$ _____	\$ _____
Reason for borrowing _____			

	Current Amount Owed	Monthly Payment	# of Remaining Payments
Higher Education:	\$ _____	\$ _____	\$ _____
For parent(s) education	\$ _____	\$ _____	\$ _____

For sibling(s) not currently enrolled (do not include sibling(s) student loans) _____
 (name of siblings)

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Other (please specify) _____ \$ _____ \$ _____ \$ _____

Parents' Retirement Assets

Indicate estimated resources that will be available for parents' retirement.

List accumulated value for Tax-Deferred Annuities (401K, 403B, etc.), IRA Plans, and other(s) in the space provided. You do not need to list amounts for Social Security, Civil Service/ Military, State, and other pensions.

- | | | | |
|---|----------|--|--|
| <input type="checkbox"/> Tax-Deferred annuities (401K, 403B etc.) | \$ _____ | <input type="checkbox"/> Social Security | |
| <input type="checkbox"/> IRA/ SIMPLE/ SEP plans | \$ _____ | <input type="checkbox"/> Civil Service/ Military | |
| <input type="checkbox"/> Other (specify) | \$ _____ | <input type="checkbox"/> State Pension | |
| _____ | \$ _____ | <input type="checkbox"/> Union Pension | |
| | \$ _____ | <input type="checkbox"/> Employer Pension | |

(Optional) We encourage you and your parents to explain any extraordinary financial circumstances that may have a bearing on your financial aid application. You may attach an additional page if necessary (please include your name).

Income Worksheet

	<u>Monthly</u>	<u>Annual</u>
Total monthly family income net after taxes from all sources:	\$ _____	\$ _____
Plus income tax refund (use annual column)	\$ _____	\$ _____
Other income (Student' summer income, parents other income from gifts or family contributions, trust, dividends, inheritance, child support or alimony etc.)	\$ _____	\$ _____
	(A)	
Total annual income	\$ _____	\$ _____

Expenses

Mortgage/rent	\$ _____	\$ _____
	<u>Monthly</u>	<u>Annual</u>
Utilities	\$ _____	\$ _____
Insurance payments:		
Auto	\$ _____	\$ _____
Life	\$ _____	\$ _____
Home	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

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Food	\$ _____	\$ _____
Transportation	\$ _____	\$ _____
Medical (not reimbursed by insurance)	\$ _____	\$ _____
Debt:		
Auto loan	\$ _____	\$ _____
Home Equity loan (s)	\$ _____	\$ _____
Educational	\$ _____	\$ _____

Monthly

Annual

Other (specify the reason each debt was incurred):

	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

Children's expenses:

	\$ _____	\$ _____
	\$ _____	\$ _____

Total Expenses (B) \$ _____ \$ _____

Total Income Less Total Expenses (A – B) = Net surplus or deficit \$ _____ \$ _____

Savings

Retirement fund contributions	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Savings	\$ _____	\$ _____

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Section D – Estimated Resources

Note: Because funds are limited, we base all awards on financial eligibility.

1. List the amount you can contribute toward the 2017 ESAP program cost of \$7,375:

From parent(s)' income/assets	\$ _____
From spouse's income/assets	_____
Other _____	_____
Total	\$ _____

Section E – Statement of Certification and Understanding

We understand that the information provided on this form will be used to determine an estimate of the applicant's financial aid eligibility for ESAP and does not guarantee an official financial aid award.

We hereby certify that the information presented on this application is correct at this time.

Signature of mother or guardian _____ Date: _____

Signature of father or guardian _____ Date: _____