

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 (2017). All forms should be combined into one file and uploaded onto the student's CollegeNet application dashboard (after the program application has been submitted).

If you have additional questions, email Engineering Summer Academy at Penn at:
esap@seas.upenn.edu

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 / Stepfather / 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 2017 | Paid in 2017 |
| 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 2017-2018.
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 2018 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

| | 2017 | 2018 (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 2017 (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 2018 ESAP program cost of \$7,635:

| | |
|-------------------------------|-----------------|
| 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: _____