

Students name: _____

Email Address: _____

**Wilton Student Financial Aid Committee, INC.
P.O. Box 142
Wilton, Connecticut 06897**

WSFAC Application Information

(To be used for schools which are Title IV eligible)

The WSFAC Application Deadline is **April 15, 2019**

Complete this application and mail to:

Ms. Nicole Kullberg
WSFAC Financial Consultant
36 Tudor Lane
Naugatuck, CT 06770
Email: kullbergn@att.net

Please Note: WSFAC requires a Financially Responsible Co-signer.

Suggestions: Make a copy of your completed WSFAC Application for your records.
Should something get lost in the mail, this will make your life much easier.

Please call the WHS College Counseling Office at 203-762-0381 or WSFAC Chairman,
Sibylle Kinley, skinley@optonline.net, with any questions.

***Complete only the top or bottom half of this page.**

FOR GRADUATING HIGH SCHOOL SENIORS

List the top 3 schools you are applying to and give the estimated total cost (tuition, fees, room and board):

SCHOOL	COST
_____	_____
_____	_____
_____	_____

Planned Major or Field of Study: _____

***** Once you have decided on a school please email Nicole Kullberg at kullbergn@att.net**

Other Financial Aid for which you are applying (please be as specific as possible):

FOR STUDENTS ALREADY ENROLLED IN COLLEGE/OTHER SCHOOLS

Name of College or School: _____

Student's Address while at School: _____

Phone Number: _____

Cost of attendance for the 2018—19 academic year (tuition, fees, room and board)
\$ _____

Estimated cost of attendance for the 2019-20 academic year:

Tuition: \$ _____

Room and Board: \$ _____

Fees: \$ _____

Total Cost: \$ _____

What type of Financial Aid did you receive for the 2018-19 academic year?

Pell Grant _____

Perkins Loans _____

Stafford Loans _____

University Grants _____

Work-Study _____

Other _____

Wilton Loan _____ Total Wilton Loan _____

Wilton Scholarship _____ Total Wilton Sch. _____

Other explanations:

PARENT'S INFORMATION:

Name: _____
Mother Father

Address, if different from student's:

Home Phone: _____

Where Employed: _____

Business Phone: _____

Name and ages of siblings and others dependent on your family for support:

Have any members of your family received aid from WSFAC (formerly WHSCFAC)?

Names	Dates
_____	_____
_____	_____
_____	_____

Name and relationship of person co-signing your loan:
Name: _____ Relation _____

The Wilton Student Financial Aid Committee reserves the right to do a credit check.

May we pass your name on to other scholarship groups who may be looking for scholarship candidates? _____

Student's Signature Parent's Signature

**Wilton Student Financial Aid Committee Application
2019-20 Academic Year**

Name: _____ Year in College in Fall 2019: please circle

Email: _____ Fr So Jr Sen Post

Address: _____

Phone: _____

Cell phone: _____

Please circle your answer to the following question:

Were you born before January 1, 1995? YES NO

Date of Birth: _____

Will you be working on a degree beyond a bachelor's
Degree in school year 2019-20? YES NO

As of today, are you married? YES NO

Answer "yes" if:

1) you have children who receive more than half
their support from you, or YES NO

2) You have dependents (other than your children or
or spouse) who live with you and receive more than
half their support from you, now through June 30, 2020. YES NO

Are you an orphan or ward of the court until age 18? YES NO

Are you a Veteran of the U.S. Armed Forces? YES NO

If you answered **NO** to **ALL** of the above questions, you are considered to be a
DEPENDENT student. This requires that you provide all of your and your parents'
information when completing this and other financial aid documents.

If you answered **YES** to **ANY** of the questions, please provide your information, and
your spouse's, if applicable.

How many people are in your parent's household? _____

Include:

- Yourself and your parents, and
- Your parents; other children if your parents will provide more than half of their support from July 1, 2018 through June 30, 2019.
- Other people if they now live with your parents, your parents provide more than half of their support and will continue to provide more than half their support from July 1, 2018 through June 30, 2019.

How many in the previous question, excluding your parents, will be college students
between July 1, 2019 and June 30, 2020? _____

(Continued)

	PARENT	STUDENT
1) Age of older parent and student	_____	_____
2) Marital Status Yes: if married No: if divorced/separated/widowed/single	_____	_____
3) Legal State of Residence	_____	_____
4) U.S. Income Tax Return Form Type 1040/1040A/1040EZ/NON-FILERS	_____	_____
5) Adjusted Gross Income (include Unemp Comp for 2018)	_____	_____
6) Income Tax Paid	_____	_____
7) Income from Work: Father's	_____	_____
8) Income from Work: Mother's	_____	_____
9) Untaxed Income & Benefits for 2018 income: SS Benefits/AFDC/ Workman's Comp/Child Support	_____	_____
10) Balance in Cash, Savings, & Checking Accounts	_____	_____
11) Real Estate Investment Equity other than primary residence (Current market Value minus Debt)	_____	_____
12) Business & Farm Equity (Current Market Value minus Debt)	_____	_____