



FINANCIAL AID OFFICE
 563/333-5775 fax 563/333-5818
 BeeCentral@sau.edu

2017-18 Room and Board Assistance Application

*Return this completed form to
 St. Ambrose University, Financial Aid Office
 518 W. Locust Street
 Davenport, IA 52803*

St. Ambrose University strives to make college affordable and accessible through our scholarship and grant programs. This application is for students who face financial hardships. Following the review of this application and the documents submitted, a student could qualify for a \$2,000 grant* to help with costs associated with room and board.

**Davis Hall is excluded due to an already reduced rate; if eligible, the grant is \$1,000.*

Please complete and return to the Financial Aid Office

Submission Dates:

Fall Semester: August 1, 2017– September 8, 2017

Decisions will be made and you will be notified via SAU email on September 20.

Spring Semester: December 15, 2017 - January 12, 2018

Decisions will be made and you will be notified via SAU email on January 24, 2018.

Part 1: Eligibility

Your eligibility for this grant is determined by responses to the following questions, the information provided on this form, and by following the Federal Poverty Level (FPL) guidelines issued by the Department of Health and Human Services.

1. Does your family fall within one of the following FPL income ranges for the 2015 tax year: Yes_____ No_____

\$12,060 for individuals	\$28,780 for a family of 5
\$16,240 for a family of 2	\$32,960 for a family of 6
\$20,420 for a family of 3	\$37,140 for a family of 7
\$24,600 for a family of 4	\$41,320 for a family of 8

2. Have you been denied for the Federal Direct Parent PLUS loan and/or as a cosigner on a Private Education loan? Yes_____ No_____ (If yes, please provide documentation of denial)

Please continue with the remainder of form.

If you have questions about form completion, please call the Financial Aid Office at 563-333-5775.

Name and Permanent Address:

Student ID: _____

Current Housing Assignment:

Meal Plan: _____

Part 2: Head of Household – list parent or parents in your house that provide your support and supplied the information on your FAFSA form. If you do not live with your parents, please provide information of guardian/s.

<u>First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>	<u>Disabled w/benefits (Y/N)</u>	<u>Relationship</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are either of the parents/guardians in your household currently unemployed? Y_____ N_____

Did the unemployment occur in 2016? Y_____ N_____

Does your household qualify for housing assistance under Section 8? Y_____ N_____

If so, please provide documentation.

Parent/Guardian Contact Information:

Email address: _____

Phone: _____

Part 3: Household Information

List adults first, then children under 18. If a household member is disabled and receives benefits, write 'Y'. List relationship of each person to the Head of Household. List only those who are supported by Head of Household. Attach additional sheet if family has more than 8 members (other than those listed above in Part 2).

<u>First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>	<u>Disabled w/benefits? (Y/N)</u>	<u>Relationship</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Part 4: Family Income and Assets

List 2015 total gross income (before taxes) and payments received by each family member age 18 and older (including those listed in Part 1) for wages, military pay, pensions, social security, SSI, welfare, child support, alimony, unemployment, business, profession, or any other source. Include payments made to family members 18 or older on behalf of other family members under age 18. (Example: grandparent pays car payment for member of the household).

<u>First Name</u>	<u>Gross Income</u>	<u>How Often Received</u> <u>(Weekly, Every 2 weeks, Monthly)</u>	<u>Source of Income (If Income is From</u> <u>Wages List Employer Name and Address)</u>
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

List total cash value and total income received for assets owned by family members.

<u>Type of Asset</u>	<u>Cash Value of Asset</u>	<u>Income Received from Asset</u>
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds, CDs	\$ _____	\$ _____
Investments	\$ _____	\$ _____
Rental Property	\$ _____	\$ _____
Farm or Business	\$ _____	\$ _____
Value Other	\$ _____	\$ _____

Part 5 – Releases, Signatures, and Documents

Please submit the following with this form:

- * Letter explaining your situation
- * Copy of your (the student’s) 2015 Federal Tax Return transcripts
- * Copy of your parent’s/guardian’s 2015 Federal Tax Return transcripts
(These can be requested from the Internal Revenue Service at www.irs.gov under Tools, or by calling 1-800-908-9946 (option 2 or 4))

Other documentation may be requested upon review of this form.

By signing this form, you are giving permission to St. Ambrose staff to review your financial aid and family income data provided with this form.

Student Signature: _____ Date: _____
 Parent/Guardian 1 Signature: _____ Date: _____
 Parent/Guardian 2 Signature: _____ Date: _____