

MAGDALEN COLLEGE

APPLICATION FOR FINANCIAL AID

511 Kearsarge Mountain Road
Warner, NH 03278
Phone (603)456-2656 Fax (603)456-2660

SECTION A: To be completed by student

1. Last Name _____ First Name _____ M.I. _____ 2. Social Security # _____

3. Permanent Address _____ 4. Date of Birth _____

5. City _____ State _____ Zip _____ 6. Telephone # _____

7. Year Entering (e.g. Junior) _____ 8. Academic Period for Application (*Normal academic period is one year, September to May*)
From: Month _____ Year _____ To: Month _____ Year _____

9. Work Experience. Please list the work experience you have had in the past three years.

| Employer | Position | From...To | Hours per Week | Total Earned |
|----------|----------|-----------|----------------|--------------|
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SECTION B: To be completed by parent/guardian

1. Last Name _____ First Name _____ M.I. _____ 2. Social Security # _____

3. Permanent Address _____ 4. Years There _____

5. City _____ State _____ Zip _____ 6. Telephone # _____

7. Marital Status _____ 8. Spouse's Name _____
Married _____ Separated _____ Divorced _____ Widowed _____ Single _____

9. Present Employer _____ Address (Street, City, State) _____ 10. Telephone # _____ 11. Years There _____

12. Credit Information: Please supply the following credit information.

| Creditor | Address (Street, City, State) | Unpaid Balance | Monthly Payments |
|----------|-------------------------------|----------------|------------------|
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SECTION C: Income ** You MUST attached a copy of your most recent tax return**

1. Parents: Annual income earned by father _____ Annual income earned by mother _____ Total _____

2. Student: Current Savings _____ Est. income, by Sept. _____ Total _____

3. # in parents'/your household during the next academic year: _____
(include yourself, even if you do not live at home)

4. # in your family attending college next academic year: _____

SECTION D: Aid Requested (Where exact figures are not known, please provide reasonable estimates.)

1. a) Family contribution to cost of attendance _____ b) Personal contribution to cost of attendance _____ c) Other aid _____

2. Estimated cost of attendance _____
Less 1a, 1b, & 1c _____
Amount of assistance requested _____

3. I am applying for: Scholarship _____ Workstudy _____ Both _____

SECTION E: Unusual circumstances—please attach a separate sheet explaining any unusual circumstances.

SECTION F: I certify that all the provided information is true and complete to the best of my knowledge.

****Incomplete Applications will not be considered.****

Parent/Guardian Signature _____ Student Signature _____ Date _____

College Use Only: Rec'd _____ S _____ L _____ W _____ D _____
App'd _____