



Student Financial Services  
 University of Pennsylvania  
 005 Franklin Building  
 3451 Walnut Street  
 Philadelphia, PA 19104-6270  
 www.srfs.upenn.edu

# Penn Financial Aid Supplement

U.S. Citizens and Permanent Residents

2019-2020 Academic Year

## Deadlines

Freshmen, Early Decision	Accelerated Nursing	First Year, Regular Decision	Transfers, October Admission	Returning Students (Except LPS)
November 5, 2018	December 17, 2018	February 4, 2019	April 15, 2019	April 15, 2019

Last Name  First  Birthdate

Penn I.D. #

Address      
Street City State Zip Code

Country

Phone #  Email

Parent 1 Name

Parent 1 Email  Parent 1 Daytime Phone #

Parent 2 Name

Parent 2 Email  Parent 2 Daytime Phone #

### 1. I am applying as a:

- Early Decision Applicant
- Regular Decision Applicant
- Currently Enrolled Penn Student
- Accelerated Nurse/Incoming
- Transfer

### 2. Where do you intend to live during the 2019-2020 academic year?

- College House
- Off-Campus
- At home with your family

### 3. Is either parent a full-time employee of the University of Pennsylvania or HUP, or its affiliates?

Yes  No

If yes, are you eligible for Faculty/Staff Tuition Remission?

100% Remission  75% Remission

### Estimated Resources

4. From the sources listed below, what do you estimate contributing towards your education will be. Do not include anticipated financial aid.

From parent(s) income/assets \$

Child support/non-custodial parent contribution from student assets \$

Student earnings from summer 2019 employment \$

Outside scholarships (please specify names) \$

Grants from parent(s) employer \$

529 College savings plan total \$

Post 9/11 or VA benefits \$   
 % of Post 9/11

Other (please specify) \$

**Total** \$

**5. Are you the beneficiary of a trust?**

Yes  No If yes, attach a copy of the most recent Form 1041 or 4970. Please be sure to include a Cover Sheet/Tax I.D. Form, available on our website.

Established by		
Year		
Type of Trust		
Total Value	\$	
Annual Income	\$	
Terms of Distribution		

**Family Information**

**6. Are your parents separated or divorced?**  Yes  No

If yes, your custodial parent must complete the PROFILE and FAFSA. Your noncustodial parent must submit a Noncustodial PROFILE (NCPROFILE) to The College Board and a most recent tax return, all pages, schedules and W-2 forms to Student Financial Services. Please be sure to include a Cover Sheet/Tax I.D. Form, available on our website.

**7. Child support:**

	Received in 2018	Paid in 2018
Child support for all children	\$ <input type="text"/>	\$ <input type="text"/>
Child support for student applicant	\$ <input type="text"/>	\$ <input type="text"/>

**8. List those in your household who will be supported by your parent(s) in 2019-2020**

Include your parent(s) (or your custodial parent if divorced/separated), your (step) brothers and (step) sisters, and other relatives.

**Family Member 1**

<input type="text"/>						<input type="checkbox"/>	<input type="checkbox"/> Check if living with family	Type of Institution 2019-20	
Name						Age			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Name of Present School or College 2018-19	Year in School 2018-19	Tuition and Fees 2018-19	Room and Board 2018-19	Scholarships or Gift Aid 2018-19	Parental Support Toward Tuition 2018-19	Name of Institution to be Attended 2019-20			
							<input type="radio"/> Public	<input type="radio"/> Full-Time	
							<input type="radio"/> Private	<input type="radio"/> Part-Time	
							<input type="radio"/> Undergraduate		
							<input type="radio"/> Graduate		

**Family Member 2**

<input type="text"/>						<input type="checkbox"/>	<input type="checkbox"/> Check if living with family	Type of Institution 2019-20	
Name						Age			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Name of Present School or College 2018-19	Year in School 2018-19	Tuition and Fees 2018-19	Room and Board 2018-19	Scholarships or Gift Aid 2018-19	Parental Support Toward Tuition 2018-19	Name of Institution to be Attended 2019-20			
							<input type="radio"/> Public	<input type="radio"/> Full-Time	
							<input type="radio"/> Private	<input type="radio"/> Part-Time	
							<input type="radio"/> Undergraduate		
							<input type="radio"/> Graduate		

**Family Member 3**

Check if living with family  
 Name Age  
        
 Name of Present School or College 2018-19 Year in School 2018-19 Tuition and Fees 2018-19 Room and Board 2018-19 Scholarships or Gift Aid 2018-19 Parental Support Toward Tuition 2018-19 Name of Institution to be Attended 2019-20

Type of Institution 2019-20

Public  Full-Time  
 Private  Part-Time  
 Undergraduate  
 Graduate

**Family Member 4**

Check if living with family  
 Name Age  
        
 Name of Present School or College 2018-19 Year in School 2018-19 Tuition and Fees 2018-19 Room and Board 2018-19 Scholarships or Gift Aid 2018-19 Parental Support Toward Tuition 2018-19 Name of Institution to be Attended 2019-20

Type of Institution 2019-20

Public  Full-Time  
 Private  Part-Time  
 Undergraduate  
 Graduate

**Family Member 5**

Check if living with family  
 Name Age  
        
 Name of Present School or College 2018-19 Year in School 2018-19 Tuition and Fees 2018-19 Room and Board 2018-19 Scholarships or Gift Aid 2018-19 Parental Support Toward Tuition 2018-19 Name of Institution to be Attended 2019-20

Type of Institution 2019-20

Public  Full-Time  
 Private  Part-Time  
 Undergraduate  
 Graduate

**Family Member 6**

Check if living with family  
 Name Age  
        
 Name of Present School or College 2018-19 Year in School 2018-19 Tuition and Fees 2018-19 Room and Board 2018-19 Scholarships or Gift Aid 2018-19 Parental Support Toward Tuition 2018-19 Name of Institution to be Attended 2019-20

Type of Institution 2019-20

Public  Full-Time  
 Private  Part-Time  
 Undergraduate  
 Graduate

**Parent Financial Information**

9. From the list below, provide the income received from these sources:

	2017	2018	Estimated 2019
Disability Benefits or Worker's Compensation	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Pension/IRA	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Social Security:			
Parent(s) <input type="checkbox"/> disability <input type="checkbox"/> retirement	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Student applicant	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other children <input type="text"/> (# of children receiving benefit)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other <input type="text"/> Specify	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

10. Real estate owned (do NOT include your primary home). Attach additional pages if necessary.

Date of purchase	<input type="text"/>	Purchase price \$	<input type="text"/>	Current value \$	<input type="text"/>	Current debt \$	<input type="text"/>
Date of purchase	<input type="text"/>	Purchase price \$	<input type="text"/>	Current value \$	<input type="text"/>	Current debt \$	<input type="text"/>

**11. Does either parent hold an interest in:**

A. a corporation  Yes  No

B. a partnership  Yes  No

If the answer to **A** is yes, submit your most recently completed IRS Form 1120 or 1120S, including all schedules and K-1's, to the fax number on page 5. If the answer to **B** is yes, submit your most recently completed IRS form 1065, including all K-1's, to the fax number on page 5.

**12. Parental Debt:**

	Current Amount Owed	Monthly Payment	# of Remaining Payments
First mortgage	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Second mortgage/home equity loan	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Reason for borrowing second mortgage

Higher Education

For parent(s) education \$  \$  \$

Siblings not currently enrolled  
(do not include sibling(s) *student* loans) \$  \$  \$

Name of Siblings

Name of College(s) attended

**13. (Optional) We encourage you and your parents to explain any extraordinary financial circumstances that may have a bearing on your financial aid application.**

**14. Signatures and Statement of Educational Purpose**

- I have reviewed the information on this financial aid application and declare it to be complete and accurate.
- I certify that I am the individual signing this statement of Educational Purpose, and that the Federal student financial assistance I may receive will be used for educational purposes and pay the costs of attending the University of Pennsylvania
- I hereby grant permission for Student Financial Services to release my academic transcript and information about my financial aid to any prospective scholarship donors.

Parent 1 Signature \_\_\_\_\_ date \_\_\_\_\_

Parent 2 Signature \_\_\_\_\_ date \_\_\_\_\_

Student's Signature \_\_\_\_\_ date \_\_\_\_\_

**Submit Forms to Student Registration and Financial Services Electronically**

Submit the completed and signed Application and Tax I.D. Coversheet to:  
<https://www.sfs.upenn.edu/forms/OnlineDocSubmitForm.php>

Fax number to submit documents: [215-573-5428](tel:215-573-5428)

Tax I.D. Coversheet: <http://www.sfs.upenn.edu/pdf/2019-20/Coversheet-TaxID-2019-20.pdf>