

SATTLER COLLEGE

2021–2022 Financial Aid Application Instructions

Step 1

2021–2022 Complete Sattler Application

- **Priority filing date:** Completion before November 15th (Early), February 1 (Regular). Rolling Admissions after February 15th.
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Step 2

Sattler College Financial Aid Application

- **Priority filing date:** November 15th (Early), February 1, 2020 (Regular).
 - The application form and instructions can be downloaded at www.sattlercollege.org
 - Complete all five pages of this application. Do not leave any questions blank. If a question does not apply, note “N/A” in the space provided. **Questions left blank will delay the review of your file.**
 - Both the student and the custodial parent(s) **must sign this application.**
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Step 3

Provide Copies of the 2019 U.S. Federal or Foreign Tax Returns

- **Student and custodial parent(s) signed 2019 tax returns, including all schedules and W-2s:** Submit a signed copy of IRS 1040, 1040A, 1040EZ, or if Self Employed: IRS Form 1120, 1120S, or 1065, with K-1s and all schedules. Farmer: IRS 1040 schedule F
If you or your parent(s) file taxes electronically, the filer must still submit a signed copy of the tax return.
 - If you do not have a copy of your tax return, request one from your preparer or from the IRS at (800) 829-1040.
 - **Non-tax Filer:** Complete the *Income Verification and Amounts and Sources of Untaxed Income* sections fully. Attach a copy of any 2018 W-2's or 1099's you received.
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Financial Aid Timeline

November 15	Early Application filing date
February 1	Priority Application filing date
December 31	Notification of Decision November Early Submissions
February 28	Notification of Decision Priority Applications
March 15	Financial Aid Award notifications
July 9	Fall Semester Billing
August 23	Fall Semester Balance Due (or approved payment plan)
September 1	Work Study Positions Application
November 30	Spring Semester Billing
January 20	Spring Semester Balance Due (or approved payment plan)

Additional Information

Sattler College
Office of Financial Aid & Scholarship
100 Cambridge Street, Suite 1701
Boston, MA 02114

If you have any questions regarding the 2021–2022 financial aid process, contact the Office of Financial Aid & Scholarship at 617-356-1610.

Financial aid applications completed after the priority filing date may be considered late and will be reviewed as time and funds permit.

All aid application forms, correspondence, and supporting documents, including federal tax returns, become the property of Sattler College once submitted to the Sattler College Office of Financial Aid & Scholarship. The Office of Financial Aid & Scholarship is committed to becoming a paperless environment. All submitted materials are imaged and the paper originals are destroyed within 30 days of receipt. Therefore, the college is unable to return original documents to students or their families.

SATTLER COLLEGE

2021–2022 Undergraduate Financial Aid Application

All students applying for financial assistance, their spouses (if applicable), and their parents are required to complete all sections, attach requested documentation, and sign this form. The 2021–2022 financial aid application will not be considered complete nor can an award be made until all forms are properly completed, signed, and received by the Office of Financial Aid & Scholarship. Keep copies of all forms you submit for your records. **Please note that students must reapply for financial aid each year.**

1. Student General Information

Student Name _____

Social Security Number _____ Sattler ID Number _____

Permanent Address _____
Street City State Zip

Permanent Phone Number (____) _____ Date of Birth _____
mm/dd/yyyy

Student Cell Telephone (____) _____ E-mail: Your Sattler e-mail account will be used.

Student Marital Status: Single Married Divorced/Separated Widowed

Spouse's Name _____

What is your expected graduation date (month and year)? May 20____ December 20__

2. Parent General Information

Are your biological/adoptive parents:

married separated divorced unmarried living together unmarried living separately widowed

Custodial Parent This is the parent and/or stepparent with whom you reside when not in school.

Parent One

father stepfather legal guardian
 mother stepmother other

Name _____

Social Security Number _____

Daytime Telephone (____) _____

E-mail _____

Parent Two

father stepfather legal guardian
 mother stepmother other

Name _____

Social Security Number _____

Daytime Telephone (____) _____

E-mail _____

Noncustodial Parent (if applicable) To be completed if parents are divorced, separated, or unmarried living separately.

Year of separation: _____ Year of divorce: _____

Noncustodial Parent's Name (if applicable) _____ Social Security Number _____

Noncustodial Parent's Telephone (if applicable) _____ E-mail _____

Spouse's Name (if applicable) _____ Social Security Number _____

3. Income Verification

Student: <small>Check (✓) Appropriate Box</small>	<input type="checkbox"/> Yes , I (we) have filed a 2019 Federal, or any other foreign tax return. A signed copy complete with all schedules and W-2 forms is attached, if not previously submitted.
	<input type="checkbox"/> No , I (we) have not and am (are) not required to file a 2019 federal, or any other foreign tax return. All W-2 forms received are attached, if not previously submitted.
Custodial Parent(s): <small>Check (✓) Appropriate Box</small>	<input type="checkbox"/> Yes , I (we) have filed a 2019 Federal, or any other foreign tax return. A signed copy complete with all schedules and W-2 forms is attached, if not previously submitted.
	<input type="checkbox"/> No , I (we) have not and am (are) not required to file a 2019 federal, or any other foreign tax return. All W-2 forms received are attached, if not previously submitted.

4. Amounts and Sources of Untaxed Income

List the total amounts of all sources of untaxed income received and not reported on a 2019 tax return. If you did work and received a 2018 W-2 or 1099, submit a copy, if not previously submitted. List every employer below even if the employer did not issue an IRS W-2 or a 1099. **Enter 'N/A' or zeros where appropriate.**

	Parent(s)	Student
Income Earned from Work (if return not filed)	Amount: \$ _____ Source: _____	Amount: \$ _____ Source: _____
Aid to Families with Dependent Children (AFDC)	Amount: \$ _____ Source: _____ N/A	Amount: \$ _____ Source: _____ N/A
Housing and Other Living Allowances	Amount: \$ _____ Source: _____	Amount: \$ _____ Source: _____
Food Stamps (documentation required)	Amount: \$ _____ Source: _____ N/A	Amount: \$ _____ Source: _____ N/A
Other (specify source)	Amount: \$ _____ Source: _____	Amount: \$ _____ Source: _____

Social Security benefits for all family members in 2019:

Student _____ Amount \$ _____

Parent _____ Amount \$ _____

Sibling(s) _____ Amount \$ _____

Child support received for all children in 2019:

Person paid to _____ Child's Name _____ Amount \$ _____

Child's Name _____ Amount \$ _____

Child's Name _____ Amount \$ _____

5. Expenses

Child support paid by the custodial parent in 2019. Do not leave blanks. Enter "N/A" or zeros where appropriate.

Person paid to _____ Child's Name _____ Amount \$ _____

Child's Name _____ Amount \$ _____

Child's Name _____ Amount \$ _____

Report all elementary, junior high, and high school tuition expected to be paid for the 2021-2022 academic year for dependent children. Please do not include college tuition payments.

Child's Name _____ Amount \$ _____

Child's Name _____ Amount \$ _____

6. Family Assets (Current Value)

Do not leave blanks. Enter "N/A" or zeros where appropriate.

Student

Parent(s)

Sibling(s)

Cash and Savings	\$ _____	\$ _____	\$ _____
Trusts	\$ _____	\$ _____	\$ _____
Investments, including Stocks, Bonds, CDs, etc. (Do not include retirement savings such as pension plans, 401K, 403B, etc.)	\$ _____	\$ _____	\$ _____
Educational Savings Plan	\$ _____	\$ _____	\$ _____
Prepaid Tuition Plan	\$ _____	\$ _____	\$ _____

7. Parent(s) Asset and Expense Information

Do not leave blanks. Enter "N/A" or zeros where appropriate.

Current Value

Current Debt

Housing Status <input type="checkbox"/> Own Monthly Mortgage Amount \$ _____ <input type="checkbox"/> Rent Monthly Rent Amount \$ _____ <input type="checkbox"/> Other (Explain) _____	Fair Market Value of Home	Primary Mortgage Loan Balance
	\$ _____	\$ _____ Date _____
	Purchase Price	Secondary Mortgage Loan Balance
	\$ _____	\$ _____ Date _____
	Year Purchased	Home Equity Line of Credit Balance
	_____	\$ _____ Date _____
Other Real Estate Address _____ Street _____ City _____ State _____ Zip _____	Fair Market Value of Real Estate	Primary Mortgage Loan Balance
	\$ _____	\$ _____ Date _____
	Purchase Price	Secondary Mortgage Loan Balance
	\$ _____	\$ _____ Date _____
	Year Purchased	Home Equity Line of Credit Balance
	_____	\$ _____ Date _____
Other Real Estate Address _____ Street _____ City _____ State _____ Zip _____ (If more than two, indicate additional property information in Section 11 on page 5.)	Fair Market Value of Real Estate	Primary Mortgage Loan Balance
	\$ _____	\$ _____ Date _____
	Purchase Price	Secondary Mortgage Loan Balance
	\$ _____	\$ _____ Date _____
	Year Purchased	Home Equity Line of Credit Balance
	_____	\$ _____ Date _____
Business/Farm (Check all that apply) <input type="checkbox"/> Schedule C Sole Proprietorship* _____ % of ownership _____ # of employees _____ <input type="checkbox"/> Partnership* _____ % of ownership _____ # of employees _____ <input type="checkbox"/> S Corporation* _____ % of ownership _____ # of employees _____ <input type="checkbox"/> C Corporation* _____ % of ownership _____ # of employees _____ <input type="checkbox"/> Farm* _____ % of ownership _____ # of employees _____ *Attach corresponding tax return.		
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
Retirement Savings (Pension plans, 401K, 403B, etc.)	\$ _____	\$ _____

8. Family Information

In the family grid below, please list the name, age, and relationship for each family member living in your household. You should always include yourself, spouse (if applicable), parents (if you are considered dependent) and your dependent children (if you are considered independent and provide more than half their support). Also include siblings and other relatives for whom you and/or your parents will be providing more than half of their support from July 1, 2020 to June 30, 2021.

Name	Age	Relationship to Student
1. Sattler College Student		Self
2.		
3.		
4.		
5.		
6.		

Check here if there are more than six family members. Please include these family members in the additional information section on page 5.

Will any of the above family members (besides your parents) attend college in the 2021–2022 academic year? If yes, provide the following information for each family member that will attend college. Include college information only if enrolled at least half-time in a degree granting program (please note, parent’s enrollment in college is not considered). If the school or college is undecided, update the Office of Financial Aid & Scholarship in writing when a decision is made. Adjustments will be made for siblings whose attendance plans have changed, are considered independent for federal aid, or for whom there is a minimal parent contribution.

Name of Family Member	Name of College	Expected Graduation Year	Full Time or Half Time	Undergrad or Grad	Non-Need Based Aid Amount
1. Student	Sattler College				
2.					
3.					
4.					

9. Outside Assistance

Please list the name and annual amount of any outside scholarship or tuition benefit that you have been awarded for the 2019–2020 academic year. Be sure to indicate if the scholarship is renewable for future years. Attach a copy of the notification/award letter.

Outside Scholarship/Resource Information

Name of Scholarship or Resource	Source/Agency	Amount for 2021–2022	Renewable
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			Yes No
3.			Yes No

10. Additional Information/Special Circumstances

Use the following space to answer any questions more completely or to explain any special circumstances you wish to bring to the attention of your Financial Aid Counselor. Please be as specific as possible, including dates, dollar amounts, and documentation when appropriate. **If your parent(s) have experienced a loss of job, change of income, etc.**, visit our website at www.bc.edu/undergradaid for additional information.

11. Statements and Signatures

I, the student, we, the parents, and student's spouse (if applicable) certify that all information presented is correct at this time and that I/we will send timely notice of any significant change in my/our family situation, family income or assets, or upon receipt of other scholarships or grants. If I am selected as a recipient of a Sattler College endowed or donor-sponsored award, I agree to allow the release of pertinent information by college officials. I further agree to the release of any application information to federal and state agencies.

I, the student, affirm that I will be attending Sattler College on at least a half-time basis and that I must maintain satisfactory progress in the course of study that I am pursuing according to the standards and practices of Sattler College. In addition, I authorize Sattler College to retain federal financial aid funds to cover the cost of tuition, fees, room, board, and other costs associated with my attendance at Sattler College. If at any time I wish to change this authorization, I understand that I must notify the Office of Financial Aid & Scholarship in writing of the change.

The student and at least one parent (and the student's spouse, if applicable) must sign this form.

Student's Signature _____ Parent's Signature _____

Date _____ Date _____

Spouse's Signature _____ Parent's Signature _____

Date _____ Date _____
