

Campus Advisers

2011-2012 Client Data Form

Please bring the following items to your consultation.

The information is needed to determine your EFC, financial aid package, and cost of college.

- | | |
|--|---|
| <ul style="list-style-type: none"> • Parents' Federal Tax Return (1040) – pgs 1 & 2 plus schedules A thru E, if applicable • Parents' W2s – both, if married • Student's W2 & Federal Tax Return, if applicable • Records of <u>untaxed</u> income including child support, social security, disability, veteran's benefits, housing allowance, etc. • Business tax return, if applicable (first 6 pages) | <ul style="list-style-type: none"> • Current bank statement(s) including CDs • Asset statements - i.e. Brokerage, mutual funds, college 529 • Current mortgage statement • Life Insurance amounts, including amounts w / cash value • 401(k), IRA, or Deferred Compensation statements |
|--|---|

Today's Date: _____

Student's Name: _____ **Student's Gender:** Male or Female (circle one)

SSN: (if using our service) _____ **Student's Birth Date:** _____

Employer: _____ **High School:** _____

Graduating Year: _____ **GPA:** _____ **ACT:** _____ **SAT:** _____

Expected Major: _____ **Student's Email:** _____

Student Lives With: Mother Father Both Legal Custodian Other

Home Address: _____

City/State/Zip _____ **Home Phone:** _____

Circle One: Father/Step-Father/Legal Custodian

Name: _____ **Occupation:** _____

SSN: (if using our service) _____ **Birth date Dad:** _____

Employer: _____ **Email:** _____

Years @ Employer _____ **2nd Email:** _____

Work Phone: _____ **Married/Divorced/Widowed (Please circle one) Date:** _____

Cell Phone: _____ **Driver's License #** _____ **Exp Date** _____ (Month + year)

Circle: College or HS Grad

Circle One: Mother/Step-Mother/Legal Custodian

Name: _____ **Occupation:** _____

SSN: (if using our service) _____ **Birth date Mom:** _____

Employer: _____ **Email:** _____

Years @ Employer _____ **2nd Email:** _____

Work Phone: _____ **Married/Divorced/Widowed (Please circle one) Date:** _____

Cell Phone: _____ **Driver's License #** _____ **Exp Date** _____ (Month + year)

Circle: College or HS Grad

Other Siblings:

Name	Birth Date	Graduating Year
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Colleges or Universities student is interested in attending:

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

What Church, sports clubs, etc. is the student a member of: (possible scholarships available)

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Misc. Info: _____