



GRADUATE FINANCIAL AID APPLICATION

140 Galley Hill Road, Cuddebackville, NY 12729, USA

Tel: (845) 672-0550 — Fax: (845) 977-0481

www.feitian.edu

The information supplied in the Fei Tian College Graduate Financial Aid Application is requested in order to give awards to those most qualified. Our aim is to determine the financial need of all applicants and to distribute our available funds fairly. You are therefore urged to supply any additional information that would be significant towards the making of this determination. Failure to complete any part of this application may disqualify the applicant from consideration. Please submit your completed application and certified photocopies of the most recent signed Federal tax forms 1040 and W2 from yourself or your parent(s)/legal guardian(s) to Fei Tian College, Attn: Financial Aid Committee, 140 Galley Hill Road, Cuddebackville, NY 12729, USA.

SECTION 1. APPLICANT INFORMATION

Official Name (as it appears in your passport) _____ Chinese name (if any) _____

Applying as: Initial Applicant Re-Applicant Continuing Recipient I have/request F-1 student visa status: No Yes

Will you receive any private scholarships for this coming year? Yes No (Do NOT include any aid from Fei Tian College.)

Scholarship Name	Amount

Parents or Independent Student: The following information is to be completed with your parent(s)/guardian(s) unless you satisfy any of the criteria defining an independent student as stipulated by the U.S. Federal Government and Fei Tian College’s Office of Financial Services. If you meet the criteria of an independent student, please complete this section with your information (and, if applicable, that of your spouse).

SECTION 2. FINANCIAL STATEMENT

A PARENT/GUARDIAN FINANCIALLY RESPONSIBLE	B PARENT/GUARDIAN (IF APPLICABLE)
OFFICIAL NAME (as it appears in the passport) _____ CHINESE NAME _____	OFFICIAL NAME (as it appears in the passport) _____ CHINESE NAME _____
HOME ADDRESS: STREET _____	HOME ADDRESS: STREET _____
CITY/TOWN, STATE/PROVINCE, ZIP/POSTAL CODE, COUNTRY _____	CITY/TOWN, STATE/PROVINCE, ZIP/POSTAL CODE, COUNTRY _____
MOBILE PHONE OR HOME PHONE _____	MOBILE PHONE OR HOME PHONE _____
EMPLOYER _____	EMPLOYER _____
EMPLOYER'S PHONE NUMBER _____	EMPLOYER'S PHONE NUMBER _____
OCCUPATION/TITLE _____	OCCUPATION/TITLE _____
Can FTC talk with above employer if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can FTC talk with above employer if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No
C HOUSEHOLD INFORMATION	



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1. Marital Status (check one):	
Parent/Guardian A:	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> REMARRIED <input type="checkbox"/> OTHER _____
Parent/Guardian B:	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> REMARRIED <input type="checkbox"/> OTHER _____
2. Name of Spouse (If Applicable):	
Parent/Guardian A:	_____
Parent/Guardian B:	_____
3. Are Parents/Guardians A & B in the same household?	
<input type="checkbox"/> Yes (complete Parent/Guardian A)	
<input type="checkbox"/> No (must complete both Parent/Guardian A & B)	
4. Number of individuals who will reside with me during the academic year:	
Parent/Guardian A:	Children: Other: If Other, explain: _____
Parent/Guardian B:	Children: Other: If Other, explain: _____

D DEPENDENTS

Please list all dependent children who will attend a tuition-charging school: daycare, pre-k, elementary, secondary, postsecondary.

OFFICIAL NAME	DATE OF BIRTH	RELATION TO PARENT / GUARDIAN A & B	SCHOOL NAME CITY & STATE	GRADE	APPLYING FOR AID?	ANNUAL TUITION
FIRST NAME		PARENT/GUARDIAN A	SCHOOL NAME		<input type="checkbox"/> Yes	
LAST NAME		PARENT/GUARDIAN B	CITY & STATE		<input type="checkbox"/> No	
FIRST NAME		PARENT/GUARDIAN A	SCHOOL NAME		<input type="checkbox"/> Yes	
LAST NAME		PARENT/GUARDIAN B	CITY & STATE		<input type="checkbox"/> No	
FIRST NAME		PARENT/GUARDIAN A	SCHOOL NAME		<input type="checkbox"/> Yes	
LAST NAME		PARENT/GUARDIAN B	CITY & STATE		<input type="checkbox"/> No	

E PARENTS' / APPLICANT'S GROSS ANNUAL INCOME (BEFORE TAXES)

- I am attaching my/parent(s)/guardian(s) tax returns or have already submitted the federal income tax return(s) and W-2(s) to the school on _____.
- I am not filing a tax return, and am not required to file a Federal Income Tax Return.

	ACTUAL CURRENT	ESTIMATE NEXT YEAR
Parent/Guardian A:		
Other Income:		
Parent/Guardian B:		
Other Income:		
Applicant:		
Other Income:		
Total:		



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E HOUSING INFORMATION

Do you rent or own your residence? <input type="checkbox"/> Own <input type="checkbox"/> Rent (go to 2)			
1. If you own a residence...		2. If you are renting...	
What is the estimated market value?	\$	What is the monthly payment?	\$
What is the monthly mortgage payment?	\$		
Do you own other real estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Any other source of income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the estimated market value?	\$	If yes, what is the estimated annual income?	\$

SECTION 3. PRIVACY WAIVER

In accordance with the College’s records privacy policy and in the spirit of the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g; 34 CFR Part 99), our office will not automatically release your financial aid information to your parents/guardians. Please sign the waiver below if you would like to enable us to discuss your record with the individual(s) listed below.

I, the undersigned, give the Fei Tian College Financial Aid Committee permission to release information about my Financial Aid Application and award to the person(s) listed below. This waiver will remain in effect during my academic studies at Fei Tian College:

_____	_____	_____
Parent’s/Guardian’s Name	Parent’s/Guardian’s Signature	Date
_____	_____	_____
Applicant’s Name	Applicant’s Signature	Date

SECTION 4. VERIFICATION AND SIGNATURE

I, THE STUDENT, AND IF APPLICABLE, WE, THE PARENTS AND THE STUDENT’S SPOUSE, CERTIFY THAT ALL INFORMATION PRESENTED IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE 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. I/WE HEREBY GIVE PERMISSION FOR FEI TIAN COLLEGE TO REQUEST A COPY OF MY/OUR TAX RETURNS DIRECTLY FROM THE IRS, AND TO VERIFY INTERNATIONAL STUDENT DOCUMENTATION IF APPLICABLE. I/WE WILL SUBMIT ANY FOLLOW-UP DOCUMENTS TO THE OFFICE OF ADMISSIONS AND RECORDS IF NECESSARY.

I, THE STUDENT, UNDERSTAND THAT I MUST MAINTAIN SATISFACTORY ACADEMIC PROGRESS IN THE COURSE OF STUDY THAT I AM PURSUING IN ORDER TO MAINTAIN ELIGIBILITY FOR INSTITUTIONAL FINANCIAL AID ACCORDING TO THE STANDARDS AND PRACTICES OF FEI TIAN COLLEGE.

_____	_____	_____
Parent’s/Guardian’s Name	Parent’s/Guardian’s Signature	Date
_____	_____	_____
Applicant’s Name	Applicant’s Signature	Date