

I am applying to: <input type="checkbox"/> Russell Sage College <input type="checkbox"/> Sage College of Albany <input type="checkbox"/> Both
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Applicant Name: _____

Address: _____

Home Phone: () _____

Cell Phone: () _____

Email Address: _____

1. Total number of people living in your household, including yourself: _____

Please list the name, age, and relationship to you of all members of your household:

Full Name of Person	Age	Relationship to You	Does this person work or attend college? Please indicate.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Enclose additional sheet for household members in excess of 8 persons

2. Parents' Marital Status: Married Divorced Separated Never Married Widowed

3. Mother/Step-Mother's **Total Income from Work in 2016** _____

4. Father/Step-Father's **Total Income from Work in 2016** _____

5. Mother/Step-Mother's Total Income from Work in 2017 (if available) _____

6. Father/Step-Father's Total Income from Work in 2017 (if available) _____

7. Does **anyone** in your household receive child support? Yes No

If yes, what is the total amount received for **ALL** children in the household in **2016**? _____

If yes, what is the total amount received for **ALL** children in the household in **2017**? _____

8. Did you or your family receive Public Assistance from **Social Services** in **2016**? Yes No

If so, what type of assistance was it? Check all that apply: Food Stamps Rent Medical Other

9. Did you or your family receive Public Assistance from **Social Services** in **2017**? Yes No

If so, what type of assistance was it? Check all that apply: Food Stamps Rent Medical Other

10. Did you or any member of your family receive **Social Security** benefits in **2016 or 2017**?

If yes, how much was the total received by **ALL** family members combined in 2016? _____

If yes, how much was the total received by **ALL** family members combined in 2017? _____

11. Are there any special circumstances you wish to share regarding your financial situation? Yes No

*** Enclose additional sheet for special circumstances information if needed***

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

**PLEASE RETURN THIS FORM
AS SOON AS POSSIBLE**