C180

_____, _____ ____ _____
Last Name *First Name* *M.I.* *CB FinAid ID #*

Trinity College
HARTFORD CONNECTICUT

TC Aid Application 2019-2020

Financial Aid Office

Upload or mail this completed form along with parent 2017 federal tax returns and W-2 statements to the College Board Institutional Documentation Service (IDOC) by our posted financial aid renewal deadline. Additional information about IDOC is available at https://idoc.collegeboard.com.

I. Housing: Where do you plan to live during the 2019-2020 academic year?

Fall 2019:	❑ On Campus	❑ Study Away	❑ Off Campus	❑ With Parents/Relatives
Spring 2020:	❑ On Campus	❑ Study Away	❑ Off Campus	❑ With Parents/Relatives

II. Anticipated Graduation Date: When do you expect to graduate from Trinity College? _____/_____
month year

III. Outside Scholarships: List all outside scholarships and employer tuition benefits you expect to receive in the 2019-2020 academic year:

Scholarship Source / Employer Tuition Benefit	*Annual Amount Expected*
_____	$_____
_____	$_____
_____	$_____

IV. Sibling Education:

A. List all of your siblings who will be enrolled in an undergraduate or graduate degree program at least half-time in the 2019-2020 academic year:

Sibling Name	*Enrollment:*		*Institution*	*Degree Program:*		*Anticipated Graduation Date*
	Full-time	*Half-time*		*Undergraduate*	*Graduate*	
_____	❑	❑	_____	❑	❑	_____
_____	❑	❑	_____	❑	❑	_____
_____	❑	❑	_____	❑	❑	_____

B. List all of your siblings who will be enrolled in a private elementary or secondary school in the 2019-2020 academic year:

Sibling Name	*Year in School*	*Institution*	*Annual Tuition Paid*
_____	_____	_____	$_____
_____	_____	_____	$_____

V. Certification & Signature: By signing this form, I certify that all the information reported on it is complete and correct.

_____ _____
Student Signature (must be handwritten) *Date*