



Trinity College
HARTFORD CONNECTICUT

Financial Aid Office
300 Summit Street
Hartford, CT 06106

Trinity College IDP Institutional Aid Application 2019-2020

Telephone: (860) 297-2046
Fax: (860) 987-6296
Email: financial-aid@trincoll.edu

Student Information

_____, _____, _____
Last Name First Name M.I. Trinity ID #

1.) Housing/Address: Where do you plan to live during the 2019-2020 academic year?

Fall 2019: Off Campus (with Spouse/Roommate) With Parents/Relatives Other (please explain)

Spring 2020: Off Campus (with Spouse/Roommate) With Parents/Relatives Other (please explain)

Housing explanation (if necessary): _____

Current Address: _____

City/State/Zip: _____

Email address (preferred): _____

2.) Anticipated Number of New Credits you plan to enroll in: Fall _____ Spring _____

3.) Expected Graduation Date: (list month and year) _____

4.) Amount you and/or your family intend to contribute towards your College costs: _____

5.) Outside Scholarships: List all outside scholarships and employer tuition benefits you expect to receive in 2019-2020:

<i>Scholarship Source / Employer Tuition Benefit</i>	<i>Annual Amount Expected</i>
_____	\$ _____
_____	\$ _____
_____	\$ _____

6.) Spouse/Children Education: List your spouse and/or children who will be enrolled in an undergraduate or graduate degree program at least half-time in 2019-2020:

<i>Spouse/Child Name</i>	<i>Enrollment:</i>		<i>Institution</i>	<i>Degree Program:</i>		<i>Anticipated Graduation Date</i>
	<i>Full-time</i>	<i>Half-time</i>		<i>Undergraduate</i>	<i>Graduate</i>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

List all of your children who will be enrolled in a private elementary or secondary school in 2019-2020:

<i>Child Name</i>	<i>Year in School</i>	<i>Institution</i>	<i>Annual Tuition Paid</i>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Student Information

_____, _____ M.I. _____
Last Name First Name Trinity ID #

7.) Comments/Additional Information: _____

8.) Sign this Form: By signing this form, I certify that all the information reported on it is complete and correct.

Student's Signature: _____ Date: _____