

# Smith Aid Application for Ada Comstock Scholars

2026-2027

Name	Smith ID or Last 4 digits of SSN:
Email Address:	Date of Birth:

The information you provide on this document will help us determine your eligibility for aid in 2026-2027.

## Enrollment plans for 2026-2027

Estimated number of credits:

Fall Semester    \_\_\_ Full time (16 or more credits)    \_\_\_ Full time (12-15 credits)    \_\_\_ Part time (8-11 credits)  
 Spring Semester    \_\_\_ Full time (16 or more credits)    \_\_\_ Full time (12-15 credits)    \_\_\_ Part time (8-11 credits)

2. Housing (check one):

- College housing (Room Only)                       Off campus  
 College housing (Conway House)

**Please be aware that final housing decisions are made by the Office of Residence Life. The information you share on this form is not directly communicated to the Office of Residence Life. You must follow the Office of Residence Life process to secure on campus housing. Once your housing has been finalized for the upcoming year, your award will be adjusted, if necessary.**

## Household Information

Give information for yourself and all others in your household for 2026-2027, whether enrolled in school/college or not, and notify us of changes. Include anyone dependent on you for support or anyone who shares the support of the household. Attach an extra page to list additional members.

Full Name	Age	Relationship	If school age, name of school/college in 2026-2027

Do you expect to have child care expenses in 2026-2027? \_\_\_\_\_  
 If yes, how much? \_\_\_\_\_ For how many children? \_\_\_\_\_

## Outside Scholarships and Interest Free Loans (Policy can be found at [www.smith.edu/about-smith/sfs/financial-aid/ada/outside](http://www.smith.edu/about-smith/sfs/financial-aid/ada/outside))

If you expect to receive any outside scholarship or loan awards for 2026-2027, please complete the information below. Do not include Federal Pell or State grants, Federal Direct or Perkins loans.

	Name of award	Amount	Type (Scholarship or loan)
1.	_____	_____	_____
2.	_____	_____	_____

It is your responsibility to inform us of outside aid. Outside aid will first reduce or replace the work study portion of your award. Any amount of outside aid in excess of the work component of your award plus these costs if applicable will replace Smith Grant dollar for dollar.

**Income Information**

Your employer/occupation \_\_\_\_\_

Will you continue to work for this employer during the 2026-2027 school year?  Yes  No

Spouse's employer/occupation \_\_\_\_\_

Are you or your spouse self-employed?  Yes  No

Does the family hold an interest in any business or farm?  Yes  No

Title(s) or position(s): \_\_\_\_\_

Send a copy of the most recent IRS corporate or partnership return if other than sole proprietorship.

Indicate the expected income for you and your spouse/partner:

Income	2025 (Yourself)	2026 (Yourself)	2027 (Yourself)	2025 (Spouse/Partner)	2026 (Spouse/Partner)	2027 (Spouse/Partner)
Paid work and tips						
Worker's Compensation						
Social Security/SSI						
Child Support						
Alimony						
Housing Allowance (military, clergy)						
Voluntary contributions to tax-deferred retirement program						
Other (Specify)						

**Student (and Spouse) Assets:**

Asset type	Current Market Value	Current Debt	Year of Purchase
Primary Home			
Other Real Estate			
Cash and Savings			N/A
Investments (Stocks, bonds, mutual funds, etc.)		N/A	N/A
Trust Funds		N/A	N/A
Other (Specify)		N/A	N/A

I/we certify that all information presented is correct at this time, and that I/we will send timely notification of any significant change in resources or family situation, or of the receipt of other scholarships or grants.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of spouse or partner \_\_\_\_\_ Date \_\_\_\_\_