

University of Wisconsin-Madison
Physics Department
Confidential Information Form for 2008-2009
Graduate Assistance in Areas of National Need Fellowship Program

I. Information about Applicant

1. Name _____ 2. Social Security No. _____
Last First Middle

UW-Madison ID No. _____ Email Address _____

3. Current Address _____
Number Street City State Zip

4. Daytime Phone(____) _____ - _____ Evening/Home Phone (____) _____ - _____
Area Code Area Code

5. Date of Birth: ____/____/____ Country of Citizenship _____ City & Country of Birth _____
month/day/year

6. Marital status _____; No. of dependents _____; Dependent(s) name(s), relationship(s), age(s);

7. During the previous academic year,

A. Were you a student? Yes _____ No _____.

If Yes, indicate where and source of financial support _____

B. Were you employed? Yes _____ No _____. If Yes, indicate employer _____
Position _____
Wages earned _____

II. Information on Applicant's Spouse

Name _____
Last Name First Middle

During the upcoming academic year,

A. Will your spouse be enrolled as a student? Yes _____ No _____ If Yes, full-time _____ part-time _____;

B. Will spouse be employed? Yes _____ No _____. If Yes, indicate employer _____
Position _____; gross salary per month

C. Will spouse be seeking employment? Yes _____ No _____. If Yes, what type of work?

TAX FORM INFORMATION

Tax Form filed for (2006/07 the 2007 tax form is used)

1040 _____ 1040A _____ 1040 EZ _____ Did not file

Tax form expected to be filed next year: (2007)

1040 _____ 1040A _____ 1040EZ _____ Will not file

III. Special Circumstances Indicate any special circumstances that should be taken into account in the review of your financial need, for example, changes in your family circumstances, disability related income, etc.

IV. Your estimates should be based on an Academic Year Cycle

NOTE: For an ACADEMIC YEAR CYCLE use September 1 for the starting date of the monthly estimates and multiply the totals by 9.

1. Applicant's Estimated Assets as of ___ / ___ / ___: (Today's date)

a. Checking and savings \$ _____

b. Real Estate equity (exclude primary residence) \$ _____

c. Investments (include stocks, bonds, mutual funds. Exclude IRAs, TSAs)

Type: _____ \$ _____

d. Other assets (type _____) \$ _____

Total \$ _____

2. Applicant's Estimated Resources for the Period of Application

(Note: Do not include the stipend of the fellowship under estimated resources.)

Per Month

a. Spouse's earnings _____ \$

b. Other income (such as child support, unemployment compensation)

Source: _____ \$

_____ \$

_____ \$

_____ \$

Total a.and b. \$ _____ x 12 (or) = \$ _____ x 9

Add: Checking and Savings from 1a. above \$ _____

Total \$ _____

3. Applicant's Estimated Liabilities as of September 1

DO NOT include consumer debt (for example, charge card debt, car payments, etc).

Estimates are as of today's date.

Purpose of Debt _____ Creditor

Monthly _____ Est. Balance _____
Payment

Purpose of Debt _____ Creditor

Monthly _____ Est. Balance _____
Payment

Purpose of Debt _____ Creditor

Monthly _____ Est. Balance _____
Payment

Purpose of Debt _____ Creditor

Monthly _____ Est. Balance _____
Payment

a. Educational Loans: _____

b. Medical Expenses: _____

c. Childcare _____

d. Other (child support payments, legal expenses, etc): _____

V. Certification (required of all applicants):

The information submitted herewith is true and correct.

Name of Applicant (Print)

Signature of applicant _____ Date _____

Name of Spouse (Print)

Signature of spouse _____ Date _____