



OFFICE OF FINANCIAL AID
2021-2022 Alternative Scholarship Application

Submit your completed application to scholarships@csn.edu using your official CSN student email address

This form will be used by the College of Southern Nevada Financial Aid Office to review your financial need for consideration for eligibility to receive the CSN Alternative Scholarship. The financial information reported on this form is subject to verification. You may be asked for additional information and/or documents to document the information submitted on your EFC Calculation.

*If you are a U.S. Citizen or eligible non-citizen, you must complete the correct school year Free Application for Federal Student Aid (FAFSA). If you are a U.S. Citizen or eligible non-citizen and complete this form, this office **will not** review this form.*

NSHE ID	LAST NAME	FIRST NAME	MI
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1. Complete Alternative Scholarship Application:

- Do not leave any section or answer blank – this will cause delays. For items that do not apply indicate a “0” for amounts; and “N/A” for other information.

2. Complete Online EFC Calculation:

- ❖ Go to: <https://bigfuture.collegeboard.org/pay-for-college/paying-your-share/expected-family-contribution-calculator#> You are going to use an online Expected Family Contribution (EFC) website calculator. The EFC calculator website will not store your information. The website will not forward your information to the US Department of Education.
 - Do not leave any section or answer blank – this will cause delays. If an income related question does not pertain to you, then answer the question as \$0.
 - Answer the demographic information questions about you and your family as accurately as possible.
 - Your answer to the section named “***pick a formula***” should be “***Federal Methodology (FM)***.”
 - Your answer to the question: “***Home state/province of student or parent***” should be “***Nevada***.”
 - Your income information should include all forms of income received between **January 1, 2019** and **December 31, 2019**.
- ❖ Convert your income information to U.S. dollars, if necessary.
 - If you need to convert your income information to U.S. dollars, go to: <https://www.oanda.com/currency/converter/> and use December 31, 2019 as the date to convert your income.
- ❖ Make a screenshot of each of the EFC Calculation sections you have completed. Print and attach each section to this form. **You MUST take a screenshot of the following six (6) screens:**

<input type="checkbox"/> Status	<input type="checkbox"/> Student Information
<input type="checkbox"/> Formula	<input type="checkbox"/> Finances
<input type="checkbox"/> Family Information	<input type="checkbox"/> Results



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3. Attach Income Documentation:

- 2019 Tax Transcripts, go to: <https://www.csn.edu/aid-verification> and under first video is more information regarding how to obtain a Tax Return Transcript;
- 2019 W2's/1099-MISC; or
- Any other 2019 income documentation used to complete your EFC Calculation.

4. Housing Arrangements:

- What are your housing arrangements while attending CSN?

Select Only One:

- Living with Parent/Guardian
- Living by myself or with roommates

5. ACKNOWLEDGEMENTS and CERTIFICATION:

- I am aware that all Alternative Scholarship Applications are reviewed for accuracy in a process called verification and I have attempted to submit all documents required to the best of my knowledge.
- I am required to have a DCS/BACH degree program declared with CSN's Office of Registration prior to the start of the semester that I requesting this award.
- I am or will be enrolled in classes that apply towards my degree program by CSN's census date.
- I understand that I will be required to maintain Satisfactory Academic Progress as defined by CSN's Financial Aid Office for eligibility.
- I am aware that funds are limited and awarded on a *first come, first served* basis, any funding I am awarded will be prorated based on my enrollment (information regarding proration amounts are available in the Alternative Scholarship website).
- I am aware that Alternative Scholarship does not reimburse nor retroactively pay for prior semester or completed courses.

I certify the information on this Alternate Need Determination Form, and any supporting documentation is accurate, true, and complete to the best of my knowledge. I will provide additional information if requested by the CSN Financial Aid Office. I understand any false information may be cause for the denial, reduction, and/or repayment of any student financial assistance I receive. I understand that any false information may subject me to a fine, imprisonment, or both under provisions of the U.S. Criminal Code.

Student Signature

Date

Parent Signature (if student is a dependent student)

Date

SCHOOL USE ONLY – DO NOT WRITE BELOW		
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> POSTPONED
Notes:		
FAA SIGNATURE:	DATE:	



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Please complete and sign this worksheet, attach any required documents, and submit your completed application to scholarships@csn.edu using your official CSN student email address. After review, we may ask for additional information.

A. STUDENT INFORMATION

NSHE ID	LAST NAME	FIRST NAME	MI
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B. HOUSEHOLD/FAMILY INFORMATION

DEPENDENT STUDENT – A student is considered *Dependent*, if he/she was **required to provide parental data** on the EFC Calculator.

Please include in your household (below) the following:

- You and your parents/stepparents (*who provide more than half of your financial support*) even if the student does not live with parents.
- Your parent/stepparents' dependent children, if your parent/stepparents' will provide more than half of the children's support from July 1, 2021 through June 30, 2022. Include children who meet either of these standards, even if a child does not live with the parents.
- List other people as part of your household **only** if they now live with **your parents AND they** provide more than half of their support **AND** will continue to provide more than half of their support through June 30, 2022.

INDEPENDENT STUDENT – A student is considered *Independent* if he/she was **NOT required to provide parental data** on the EFC Calculator.

Please include in your household (below) the following:

- You and your spouse, *if married.*
- The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2021 through June 30, 2022, even if the child does not live with the student.
- List other people as part of your household **only** if they now live with **you AND you** provide more than half of their support **AND** will continue to provide more than half of their support through June 30, 2022.

COLLEGE INFORMATION: If any household member will be attending college at least half-time between July 1, 2021 and June 30, 2022 and will be enrolled in an eligible degree or certificate program, write the full name of the college or university (**do not abbreviate.**)

Full Name	Age	Relationship	College Name (do not abbreviate)
		<i>Self</i>	<i>College of Southern Nevada</i>

If more space is needed, please provide an additional page with the student's NSHE ID and name at the top of the page. CSN may require additional documentation *if* we have reason to believe that the information regarding the household members enrolled in an eligible post-secondary institution is inaccurate.



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C. INCOME VERIFICATION

Complete this section if you (your spouse, if married) and/or your parents (if you are a dependent student) filed a 2019 income tax return with the IRS.

Student/Spouse	Parent(s)
<input type="checkbox"/> I/we have attached a copy of my/our 2019 Tax Return Transcript here.	<input type="checkbox"/> I/we have attached a copy of my/our 2019 Tax Return Transcript here.
<input type="checkbox"/> I/we did not and am/are not required to file a 2019 Federal Tax Return and will complete Sections D and E (if applicable) below.	<input type="checkbox"/> I/we did not and am/are not required to file a 2019 Federal Tax Return and will complete Sections D and E (if applicable) below.

D. NON-TAX FILERS

Complete this section if you, the student (spouse, if applicable) and/or your parent(s) (if dependent) will not file and **are not required** to file a 2019 income tax return with the IRS, but earned income from work in 2019. If you are required to file a return, but have not, you must file your return in order to be considered for Federal Student Aid.

In the following table, please list all earnings from work during 2019 **and attach a 2019 W2 or 1099-MISC for each line item**. Your application cannot be considered complete until all earnings from work can be verified with a W2 or 1099-MISC.

Source of Income from Work in 2019	Student	Spouse/Parent(s)	IRS W-2 or 1099 Attached
<i>Example: Tom's Auto Shop</i>	\$	\$ 5,500	Yes
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

E. VERIFICATION OF NON-FILING STATUS

If you (your spouse, if applicable) and your parent(s) (if dependent) did not have any source of income from work in 2019 (i.e. did not file a tax return and no income was listed in Section D), **please complete the Alternative Scholarships Dependent Support Form or Independent Support Form** (as appropriate).

F. CERTIFICATION AND SIGNATURE(S)

I certify that all of the information reported on this worksheet is complete and correct. The student and one parent must sign this worksheet. **If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

_____ _____ _____ _____
 Student's Signature Date Parent's/Spouse's Signature Date