

**Dr. Herm Davis**  
**College Financial Aid Counseling and Educational Services**

**SERVICE RENEWAL FORM**  
**2015-2016**

Please, fill out this form if you wish to automatically RENEW the FAFSA and/or CSS Profile through our services for the upcoming academic year. By completing and returning this form with a deposit of \$100, you are authorizing Dr. Davis to initiate a renewal FAFSA for the 2015-2016 school year. This action will assure that the student's FAFSA will be submitted in a timely manner to meet deadlines.

(Students/Parents who have already visited our office to originate or renew the FAFSA for the 2015- 2016 school year, please disregard this form.)

**STUDENT INFORMATION**

*For additional students, please copy this form as needed.*

**Student** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ PIN #: \_\_\_\_\_

**Parent** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ PIN #: \_\_\_\_\_

( \*PIN# = [www.PIN.ED.GOV](http://www.PIN.ED.GOV) – assigned by the Department of Education )

**Check one:**      \_\_\_\_\_ Home address/ Phone/ Email is the same  
                         \_\_\_\_\_ Home address/ Phone/ Email has changed (enter the new data below)

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Parent's: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Student's Email: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

*Please list any other changes in the student's information*

*AGI = Adjusted Gross Income*

**Student** Est. Wages - 2014:      **Est. AGI:**      **Asset values:** Savings \$      Investments \$

**Parent** Est. Wages – 2014:      **Est. AGI:**      **Asset Values:** Savings \$      Investments \$

**Values of 529 Plans:** \_\_\_\_\_ **Other changes (please continue on an attached paper):** \_\_\_\_\_

**Value of Retirement Plans:** Father: \$ \_\_\_\_\_ 2014 Contribution Amount: \_\_\_\_\_

Value of Retirement Plans: Mother: \$ \_\_\_\_\_ 2014 Contribution Amount: \_\_\_\_\_

**Value of Untaxed Income (Pension, Social Security, etc.):** Father: \$ \_\_\_\_\_ Mother: \$ \_\_\_\_\_

College to be attended in 2014-2015: \_\_\_\_\_ Major: \_\_\_\_\_

College level for 2014-2015 (circle):    1<sup>st</sup>,   2<sup>nd</sup>,   3<sup>rd</sup>,   4<sup>th</sup>,   5<sup>th</sup>      Grad School:      1<sup>st</sup>,   2<sup>nd</sup>

**- Please sign below to authorize the automatic FAFSA renewal -**

**Parent /Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **NEWSLETTER ANNOUNCEMENT !!**

TO: All Returning Clients

FROM: Dr. Herm Davis

SUBJ: Authorization for automatic renewal of the **2015-2016 FAFSA** Document

### **Why?**

**For students and parents to meet State, Federal and Institutional grant and scholarship priority application deadlines, it is important that your renewal takes place.**

We especially want to bring this to your attention as many parents/guardians and students contact our office long after the deadlines have passed. Consequently, they miss out on possible FREE \$\$ financial aid monies for which they may have been eligible. PLEASE...Don't be one of these students, parents or guardians. We want to help you to be as organized as possible and avoid this unfortunate mistake.

### **How?**

**Simply complete the reverse side, using estimated income and asset values. Immediately mail this form to our office and include your deposit for \$100.**

### **What's next?**

During the first two weeks of January, my office will electronically submit your financial data. All financial aid deadlines will have been met. In the weeks following, when 1040 federal tax forms are finished, mail to my office complete copies (showing all required signatures) and include all w-2 copies for parents and students. After all the data is submitted, your account will be credited with the deposit of \$100. An invoice will be mailed to you showing the remaining balance due. Continuing families will receive a discount determined by the student's year in college. Please note, that if the college does not require a CSS Profile for a continuing student, the invoice will also show a reduction in fees of \$300.

**Contact us at (301) 548-9423, with any questions regarding our services.**

**SEE REVERSE SIDE**