



LAKE FOREST COLLEGE

Office of Financial Aid
555 North Sheridan Road
Lake Forest Illinois 60045-2399
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Phone: 847-735-5010
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PARENTAL UNEMPLOYMENT FORM

Please complete one form for each unemployed person, and return it to our office, with the requested documents.

Please Print:

Student's Name: _____	<input type="checkbox"/> New Student <input type="checkbox"/> Currently Enrolled
Unemployed Parent: _____	Date of Job Loss: ____/____/____
Parent's E-mail: _____	Daytime Phone: _____
Former Employer: _____	State of Employer: _____
Contact Person: _____	His / Her Phone: _____
Unemployment Office you are working with: _____	
Contact Person: _____	Phone: _____

1. Normal monthly salary: \$ _____
2. Did or will you receive severance pay? Yes No
3. If yes, total amount to be received: \$ _____ This represents approximately ____ months of pay.
4. Do you qualify for unemployment compensation? Yes No I do not know
5. Have you applied for unemployment compensation? Yes No
6. Have you begun receiving unemployment compensation? Yes No
7. What is your monthly benefit? (actual or estimated) \$ _____ I do not know (see Estimating)
8. Date benefits end: ____/____/____
9. Will you be paying for COBRA (extended health insurance?) Yes No
10. What is your monthly cost? (actual or estimated) \$ _____ I do not know
11. Do you have reason to believe you will return to work within three months? Yes No
12. Briefly explain why (include income estimate) or why not: _____

Estimating Benefits

During the period October 1, 2007 – September 30, 2008, what is the highest monthly income you received? \$ _____

Note: If you are not currently receiving unemployment compensation and are not known to be ineligible for benefits, we will assume you will receive benefits for a total of 39 weeks, and will use this figure in determining eligibility for financial aid.

CERTIFICATION

The information is as complete and correct as possible. I understand that it will be used to determine eligibility for federal financial aid, and that by giving false or misleading information I may be subject to a fine, prison sentence, or both. I also understand that the Office of Financial Aid may follow up with me in future months to determine actual income and updated employment status. I am to report new employment information to the Office of Financial Aid which may then recalculate financial aid eligibility based on my new income.

Parent's Signature

Date