

Your financial aid application has been selected for review. Please provide us with the information that is requested below **within 30 (thirty) days** to finalize your eligibility for aid.

STUDENT INFORMATION

Student's Name _____ Student ID # _____
Last First MI

Permanent Address _____
Street Address City State Zip

SSN (optional) _____ Home Phone _____ Cell Phone _____

HOUSEHOLD INFORMATION

Dependent Students: List the members of your household for whom your parent(s) will provide at least half of their support **between July 1, 2015 and June 30, 2016**. (Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.). Include the following:

- Yourself, **and**
- Your parent(s) even if you do not live with your parents, **and**
- Your parent(s)' other children if (a) your parent(s) will provide more than half of their support from July 1, 2015 through June 30, 2016, or (b) the children would be required to give parental information when applying for federal student aid in 2015-2016, **and**
- Other people if they now live with your parent(s), and your parent(s) will provide more than half of their support and will continue to provide more than half of their support from July 1, 2015 through June 30, 2016;

Independent Students: List the members of your household for whom you (and your spouse) will support **between July 1, 2015 and June 30, 2016**. (Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.). Include the following:

- Yourself (and your spouse, if you have one), **and**
- Your children, if you will provide more than half of their support from July 1, 2015 through June 30, 2016, **and**
- Other people if they now live with you and you provide more than half of their support and you will continue to provide more than half of their support from July 1, 2015 through June 30, 2016.

Please read guidelines above before completing. Attach extra page if needed.

Family Member	Age	Relationship to Student	College Name and Grade Level for 2015-2016
		SELF	

Signature(s) - REQUIRED

I (We) hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of my (our) knowledge. I (We) understand that if I (we) receive federal student aid based on incorrect information, I (we) will need to repay it; I (we) may be required to pay fines and fees.

Student _____ Date _____

Parent (if dependent) _____ Date _____