Federal Student Aid Programs

Last Name	First Name	M.I.	Student ID#
Address (include Apt. #)			Date of Birth
City	State	ZIP Code	Phone Number (include area code)

1. What is your current marital status?

   ☐ Single   ☐ Married or Remarried*   ☐ Separated

   ☐ Divorced   ☐ Widowed

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2. List the people in your household, including:

   Yourself, and your spouse, if applicable.

   Your dependent children, if you will provide more than half of their support during the award year, even if they do not live with you. Do not list unborn children.

   Other persons 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 during the award year. Please note the financial aid office may require proof of the data below, including, but not limited to non-filer forms from the IRS or other documentation of no/low income.

   Write the names of all household members in the space(s) below:

		Self / Student

By signing below, I certify that all the information reported is complete and correct.

Student Signature (Required)	Date
Spouse Signature	Date