

Complete this form only if specifically requested by the Earlham College Financial Aid Office.

SECTION A: STUDENT INFORMATION

Student's Name (please print) _____ Student ID Number _____
Street Address _____ City, State, Zip _____

SECTION B: NAMES, AGES & SCHOOL OF FAMILY MEMBERS

Please list the family members living in your household for the 2019-20 academic year below. Include yourself, your parent(s), stepparent(s), and your parent(s) other dependent children living in your household. Include other people only if they will live with and will receive at least half of their support from your parent(s) during the entire period from 7/1/19 to 6/30/20.

For each person in the household attending school at least half-time in 2019-20, indicate the college/university they will attend. We will verify this information in October.

FULL NAME	AGE	RELATIONSHIP TO STUDENT	NAME OF ELIGIBLE COLLEGE* <i>(Attending at least half-time during 2018-19)</i>	GRADUATE STUDENT <i>(Y/N)</i>
		Self	Earlham	No
		Parent		
		Parent		
		Sibling		
		Sibling		
		Sibling		

* College must be eligible to participate in Title IV programs.

SECTION C: SIGNATURES

Student's Signature _____ Date _____

Parent's Signature _____ Date _____