EARLHAM COLLEGE 2021-22 FINANCIAL AID

FAMILY SIZE VERIFICATION WORKSHEET

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

SECTION A · STUDENT INFORMATION Student Name				C. I. I.D.N. I	
Student Name				Student ID N	umber
Please print or type					
Street address		City		State	Zipcode
Street dudiess		City		State	Zipcode
SECTION B · NAMES, A	GES AND S	CHOOLS OF FAMIL	Y MEMBERS		
Please list the family men Include yourself, your pai in your household. Include their support from your p	nbers living i rent(s), stepp de other peo	in your household for parent(s), and your popple only if they will	or the 2021-22 acad arent(s) other depe live with and will red	ndent child ceive at leas	ren living
For each person in the hocollege/university they w		_			te the
Full Name	Age	Relationship to student	Name of eligible colleg	ge*	Graduate student
		Self			
* Must be attending college at le	east half-time d	uring 2021-22. College n	nust be eligible to particip	pate in Title IV	programs.
SECTION C · SIGNATU	RES				
Student Signature				Date	
Parent Signature				Date	