



Serving Richmond and Scotland Counties

2023-2024 Number of Household Members and Number in College - (Dependent Student)

Student Name: _____ Student ID: _____
Last First MI

Address _____
P O Box or Street City State Zip

Telephone: _____ E-mail: _____ Date of Birth: _____

List below the people in the parents' household. Include:

- Yourself and your parent(s) (including a stepparent) even if the student doesn't live with the parents.
- The parents' other children if the parents will provide more than half of their support from July 1, 2023, through June 30, 2024, or if the other children would be required to provide parental information if they were completing a FAFSA for 2023-2024. Include children who meet either of these standards even if the children do not live with their parents.
- Other people if they now live with the parents and the parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2024.

For any household member, excluding the parents, who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2023, and June 30, 2024, include the name of the college.

Full Name	Age	Relationship to Student	Attending college at least 1/2 time during 23-24?	Name of College
		<i>Self</i>	Yes or No	
			Yes or No	
			Yes or No	
			Yes or No	
			Yes or No	

Certification and Signature

If you are the student, by signing this application you certify that you

- (1) will use federal and /or state student financial aid only to pay the cost of attending an institution of higher education,
- (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it,
- (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it,
- (4) will notify your college if you default on a federal student loan and
- (5) will not receive a Federal Pell Grant for more than one college for the same period of time.

If you are the parent or the student, by signing this application you certify that all of the information you provided is true and complete to the best of your knowledge and you agree.

Student's Signature (Required) Date

Parent's Signature (Required) Date