



HOUSEHOLD SIZE / NUMBER IN COLLEGE

Student's Name: _____ SSN or Student ID: _____

Complete the form using the following instructions:

Write in the name, age and relationship of each person that you will support between July 1, 2018 and June 30, 2019. Include yourself and your spouse. Include your children if they get more than half their support from you. Include other people only if they now live with you and receive more than half of their support from you and will continue to receive this support between July 1, 2018 and June 30, 2019.

NAME	AGE	RELATIONSHIP	NAME OF COLLEGE TO BE ATTENDED IN 2018-19	ENROLLMENT STATUS*
				2018-19 F/T H/T OTHER
1.		Self	School of Law	
2.				
3.				
4.				
5.				
6.				

*F/T = Full time

H/T = Half time (at least 6 credits or 12 clock hours per term)

Other = less than half time

I certify the above information is true and correct to the best of my knowledge.

Student

Date

Student's Spouse

Date