Verification of Number in Household 15-16

DEPENDENT STUDENTS

Student Name______________________________________Student ID___________________

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

- The student.
- The parents (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, 2015, through June 30, 2016, or if the other children would be required to provide parental information if they were completing a FAFSA for 2015–2016. Include children who meet either of these standards even if the children do not live with the 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, 2016.

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, 2015, and June 30, 2016, include the name of the college.

If more space is needed, provide a separate page with the student’s name and ID number at the top.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College</th>
<th>Will be Enrolled at Least Half Time (Yes or No)</th>
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Student Signature____________________________________Date______________________

Parent Signature______________________________________Date____________________

The Office of Financial Aid
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Newport, RI 02840
Phone 401-341-2901
Fax 401-341-2928

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