Parent's Signature

OUSEHOLD SI			2017-	
Student's Name:				
Address:				
City:			/Zip:	
Parent's Name(s):		Phone:		
omplete items A through D A for items that do not apply. Leaving	g items blank on any household	member can resul	It in processing delays.	
. What was your parents'	marital status as of the	e date you fir	st completed the FAFSA	Λ?
SingleMarriedD	pivorcedSeparated	_WidowedU	Unmarried and both parents livi	ng togethe
• You and Your Parent(s).	/Step-Parent			
• Tou und Tour Turent(b)		Relationship		
Full Name	Date of Birth		Kelationiomp	
	Date of Birth		Student / Self	
Full Name  • Your Siblings: List sibling	s who will receive more than h	P alf of their financi	Student / Self Parent 1 (father, mother, steppare Parent 2 (father, mother, steppare al support from your parent(s) between	ent) ween
Full Name  • Your Siblings: List sibling	s who will receive more than have and June 30, 2018, or are required Date of Birth	P alf of their financi	Student / Self Parent 1 (father, mother, steppare Parent 2 (father, mother, steppare)  If attending college, list:	ween ir FAFSA. Type of Degree
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Date