

Student's Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Expected Graduation: \_\_\_\_\_ Year in College: \_\_\_\_\_  
mm/dd/yyyy mm/20yy ie. junior, sophomore

**Household Information**

**Dependent Students:** List the people that your parent(s) will support between July 1, 2018 and June 30, 2019. (Support includes money, gifts, loans, housing, food, clothes, care, medical and dental care, payments of college costs, etc.). Include the following:

- Yourself and your parent(s)\*\*, even if you do not live with your parents, **and**
- Your parent(s)' other children if (a) your parent(s) will provide more than half of their support from July 1, 2018 through June 30, 2019, or (b) the children would be required to give parental information when applying for federal student aid in 2018-2019, **and**
- Other extended family members currently living with your parent(s), and your parent(s) is and will continue to provide more than half of their support between July 1, 2018 through June 30, 2019.

**\*\*If Biological parents are divorced only list the family members and the parent you live with along with spouse if they have remarried. If Biological parents have never married but live together please list both biological parents.**

**Independent Students:** List the people that you (and your spouse) will support between July 1, 2018 through June 30, 2019. (Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.) Include the following:

- Yourself (and your spouse, if you have one), **and**
- Your children, if you will provide more than half of their support from July 1, 2018 through June 30, 2019, **and**
- Other extended family members currently living with your parent(s), and your parent(s) is and will continue to provide more than half of their support between July 1, 2018 through June 30, 2019 .

Student's Name	DOB: mm/dd/yyyy		College Name	Year in College for 2018- 2019 and Expected graduation mm/20YY
		SELF	University of Delaware	
Family Members (parents, siblings, spouse and dependent children)	DOB: mm/dd/yyyy	Relationship to Student (parents, siblings, spouse and dependent children)	College Name	Year in College for 2018- 2019 and Expected graduation mm/20YY