Salem STATE COLLEGE

FINANCIAL AID OFFICE

FAMILY MEMBER CONFIRMATION WORKSHEET
2008-2009 ACADEMIC YEAR

Student name: _____ Student ID#:_____

- **Please complete the following information and return directly to the Financial Aid Office, within two weeks of receipt of this request. The information you have provided on the Verification Worksheet may be incomplete or inconsistent with data we have recorded from your FAFSA.**

FAMILY INFORMATION

_____ **Independent Student:** List the people in your household, include (a) yourself, your spouse if married; (b) your children, if you provide more than half of their support from July 1, 2008 through June 30, 2009 and (c) any other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2008 through June 30, 2009.

_____ **Dependent Student:** List the people in your household, include (a) yourself and your parent(s) (including step-parent) even if you don't live with your parents; (b) your parents other children, even if they don't live with your parent(s), if (1) your parents provide more than half of their support from July 1, 2008 through June 30, 2009, or (2) the children would be required to provide parental information when applying for Federal student aid; and (c) other people if they now live with your parents, and your parents you provide more than half of their support from July 1, 2008 through June 30, 2009.

HOUSEHOLD MEMBERS

- Please complete this form by writing in the names of the household members as instructed by the guidelines checked above. Also write in the name of the colleges for any family member, excluding your parent(s) who will be attending college at least half time between July 1, 2008 through June 30, 2009, and will be enrolled in a degree, diploma, or certificate program.

FULL NAME	AGE	RELATIONSHIP	COLLEGE ATTENDING

_____ _____

Student Signature required **Date** **Parent Signature** **Date**
(required for **dependent** students only)