

Office of Student Financial Aid and Scholarships

Family Size/ Number in College Confirmation Form – Independent Student 2017-2018

Student's Name:					
Commodore ID # 000		OR	Last Four Digits of t	Last Four Digits of the SSN XXX-XX	
Please complete the grid below 2017 through June 30, 2018. university at least half-time f spouse and other family membralf-time student (normally 6 counted as a college student program that leads to a college	Also, of or the 20 oers may credit hours finance.	that number, pleas 017-18 academic y be counted as colleurs) in at least one cial aid purposes, y	e list which family member year and the name of the ege students only if they will term during the 2017-18 acour spouse or family members.	s will attend a college of institution. NOTE: You have enrolled as at least a cademic year. Also, to be per must be enrolled in a	
June 30, 2018). Include others as part of you 1) now live with yo and 2) you will continue	if you will Ir family ou u and you e to provides mone	only if they: u now provide more de this support from y, gifts, loans, hour	half of their support from Ju than half their support, July 1, 2017 through June sing, food, clothes, car, m	30, 2018.	
Full Name	Age	Relationship To Student	Name of College (If enrolled 2017-18)	Enrollment Status (Full-time/Half-time)	
I certify that all of the above	informat	ion is correct.			
Student Signature			Date		
Spouse's Signature			Date		