



Financial Aid Office
1161 Kehukee Park Road
Williamston, NC 27892

2024-2025 Household Size/ Number in College Form

A. STUDENT INFORMATION:

_____	_____	_____
Last Name	First Name	Student ID Number
_____	_____	_____
Mailing Address	City/State/Zip	Date of Birth
_____	_____	_____
Phone Number (Include Area Code)	E-mail Address	

B. HOUSEHOLD INFORMATION: *Mark appropriate box.*

<input type="checkbox"/> If you are a Dependent Student , include: Yourself Your parent(s) used on the FAFSA application, (include step-parent(s)) Your parent(s) other dependent children if: *Your parent(s) will provide more than half of their support from July 1, 2024 through June 30, 2025 or *The children would be required to provide parental information if filing a FAFSA Other people, only if they now live in your parents' household, and your parents will provide more than half of their support from July 1, 2024 through June 30, 2025. Don't list your parents' college if they are also in college	<input type="checkbox"/> If you are an Independent Student , include Yourself Your spouse (if you are married) Your children, if you will provide more than half of their support of July 1, 2024 through June 30, 2025. Other people, only if they live in your household and you provide more than half of their support and will continue to do so from July 1, 2024 through June 30, 2025.
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If more space is needed, provide a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship	Name of College (If at least half-time for 2023-2024)
		<i>Self</i>	

Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date if Dependent.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

_____ Date

_____ Date