



### Financial Aid

College of the Siskiyous, 800 College Ave., Weed, CA 96094  
 Phone: (530) 938-5209 - Fax: (530) 938-5376 – Email: financialaid@siskiyous.edu

## 2023-2024 Household Size / Family Members

Student ID #: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Clarification is needed for the total number of people reported in your household for the 2023-2024 aid year. How many people are in your parents' household? Include:

- Include yourself and spouse
- Your children if you will provide **more than half** of their support from July 1, 2023 through June 30, 2024, or if the other children would be required to provide parental information if they were completing a FAFSA for 2023-2024. Include children who meet either of these standards, even if they do not live with you.
- 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 through June 30, 2024.

Write the names of **all** household members in the space(s) provided below. Also, include the name of the college for any household member, excluding your parent(s), who will be enrolled, **at least half time** in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2023, and June 30, 2024. If more space is needed, attach a separate page with the student's name and Student ID Number at the top.

### Person 1

Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship: Self

College: \_\_\_\_\_

Enrolled at Least Half Time:  Yes  No

### Person 2

Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

College: \_\_\_\_\_

Enrolled at Least Half Time:  Yes  No

### Person 3

Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

College: \_\_\_\_\_

Enrolled at Least Half Time:  Yes  No

**Person 4**

Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

College: \_\_\_\_\_

Enrolled at Least Half Time:  Yes  No

**Person 5**

Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

College: \_\_\_\_\_

Enrolled at Least Half Time:  Yes  No

**Person 6**

Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

College: \_\_\_\_\_

Enrolled at Least Half Time:  Yes  No

**Person 7**

Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

College: \_\_\_\_\_

Enrolled at Least Half Time:  Yes  No

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE:** Clarification of the above information may result in a request for additional documents in order to complete your file.

Submit this worksheet to the financial aid administrator at your school. You should make a copy of this worksheet for your records.