



Financial Aid

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

2024-2025 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 2024-2025 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, 2024 through June 30, 2025, or if the other children would be required to provide parental information if they were completing a FAFSA for 2024-2025. 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, 2025.

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, 2024, and June 30, 2025. 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.