



**Financial Aid**

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

**2025-2026 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 2025-2026 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, 2025 through June 30, 2026, or if the other children would be required to provide parental information if they were completing a FAFSA for 2025-2026. 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, 2026.

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, 2025, and June 30, 2026. 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.