

SAINT LOUIS UNIVERSITY™

STUDENT FINANCIAL SERVICES

One Grand Blvd. Phone: 314-977-2350
 DuBourg Hall, Room 121 Fax: 314-977-3437
 Saint Louis, MO 63103 Email: SFS@SLU.edu

2017-2018 Number of Household Members and Number in College (Dependent Students)

Student's Name _____ SLU Banner ID Number _____

Dependent Student's Family Information:

COMPLETE EACH COLUMN: List below the individuals in your parent(s)' household. Include:

- The Student.
- The parents (including a stepparent) even if the student does not live with the parents.
- The parents' other children if the parents will provide more than half of the children's support from July 1, 2017 through June 30, 2018, or if the other children would be required to provide parental information if they were completing a FAFSA for 2017-2018. Include children who meet either of these standards, even if a child does not live with the parents.
- Other people if they now live with the parents and the parents provide more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2018.

Number in College: Include in the space below information about any household member who is, or will be, enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2017 and June 30, 2018. Include the name of the college. *Do not include siblings who are in U.S. military service academies.*

FULL NAME	AGE	RELATIONSHIP	COLLEGE
		Self	Saint Louis University
		<input type="checkbox"/> Parent 1 / Parent 2	Do Not Use
		<input type="checkbox"/> Parent 1 / Parent 2	Do Not Use
		<input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, Name of College: _____
		<input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, Name of College: _____
		<input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, Name of College: _____
		<input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, Name of College: _____

If more space is needed, attach a separate page with the student name and ID at the top.

NOTE: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in postsecondary educational institutions is inaccurate.

STOP: Did you fully complete this form? We will return any incomplete / unsigned forms for correction.

By signing, I certify that all of the information reported and/or attached is complete and correct. **WARNING:** If you purposely provide false or misleading information or withhold information, you may be subject to penalty of law and/or institutional sanctions.

STUDENT'S SIGNATURE

DATE

PARENT 1 / PARENT 2 SIGNATURE

DATE

NOTE: Signatures must be handwritten. Computer fonts not acceptable

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NUMBER IN COLLEGE