

DIRECTIONS: Please use this form to confirm the number of family members/number in college that you reported on the FAFSA. Please complete this form and return it to the Financial Aid Office at Fitchburg State University. Complete this form as soon as possible so that the processing of your aid will not be delayed.

A. STUDENT INFORMATION

Name: _____ ID@: _____
Last First MI

Street Address: _____

City: _____ State: _____ Zip code: _____

B. FAMILY INFORMATION

List the people that you (and your spouse) will support between July 1, 2011 and June 30, 2012. Include:

- yourself
- your spouse
- your dependent children (if you provide more than half support and will continue to do so from July 1, 2011 through June 30, 2012)

Include other people only if:

- they lived with you and received more than half of their support from you (or your spouse) at the time you completed your student aid application

AND

- they will continue to get more than half of their support from you from July 1, 2011 through June 30, 2012

Write the names of all family members. Also write in the name of the college/university for any family member who will be attending college/university at least half-time between July 1, 2011 and June 30, 2012, and will be enrolled in a degree or certificate program. If you need more space, attach a separate page.

FULL NAME	AGE	RELATIONSHIP	COLLEGE/UNIVERSITY
<i>Martha Jones (example)</i>	<i>24</i>	<i>wife</i>	<i>City University</i>

C. SIGN THIS WORKSHEET

By signing this worksheet, I (we) certify that all of the information reported to qualify for Federal student aid is complete and correct. If married, spouse's signature is optional. **WARNING:** If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both.

Student _____ Date _____ Spouse _____ Date _____

D. SUBMIT THIS FORM TO:

Financial Aid Office, Fitchburg State University • 160 Pearl Street, Fitchburg, MA 01420-2697