## CalArts 2009-2010 Dependent Verification Worksheet

A. Student Information

First name

Last name

Student and parent must complete and sign. Return immediately to your Financial Aid Administrator.

Your school must review the requested information, under the financial aid program rules (34 CFR, Part 668).

M.I.

**Social Security Number** 

Address (include apt. no.)			Date of birth
City State		ZIP code	Phone Number (include area code)
B. Family Information			
List the people in your parents' ho	usehold, include:		
<ul> <li>yourself and your parent(s)</li> <li>your parents' other children support from July 1, 2009 when applying for Federal</li> <li>other people if they now ling to provide more than half</li> </ul>	s) (including steppa en, even if they don through June 30, 2 I Student Aid, and ve with your paren of their support fro	I't live with your pa 2010, or (b) the ch ts, and your paren m July 1, 2009 thr	
attending college at least half-time certificate program. If you need me	e between July 1, 2	009 and June 30 a separate page.	he college for any household member, who will be , 2010, and will be enrolled in a degree, diploma, or
Full Name	Age	Relationship	College
Missy Jones (example)	18	Sister	Central University
		Self	
C. Sign this Worksheet			
By signing this worksheet, we cert sign.	ify that all the infor	mation reported o	n it is complete and correct. At least one parent must
Student		Date	
Parent		Date	