

**Stark State College**  
**Office of Financial Aid**

6200 Frank Ave NW, North Canton, OH 44720  
 (330) 494-6170 | Fax-(330) 966-6598  
 www.starkstate.edu | financialaid@starkstate.edu

**CURRENT HOUSEHOLD SIZE & NUMBER IN POSTSECONDARY SCHOOL**  
**2014-2015**

STUDENT NAME \_\_\_\_\_ SSC STUDENT ID # \_\_\_\_\_

**Independent Students:** List the people in your household, including:

- **yourself, and your spouse** if you have one, and;
- **your children**, if you will provide more than half of their support from July 1, 2014 through June 30, 2015, even if they do not live with you, or if the child would be required to provide your information if he/she were completing a FAFSA for 2014-2015 and;
- **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, 2015.

**Dependent Students:** List the people in your parent(s)' household, including:

- **yourself and your parent(s) (including step parent)** even if you do not live with your parents, and;
- **your parents' other children**, even if they do not live with your parent(s), if (a) your parents will provide more than half of their support from July 1, 2014 through June 30, 2015, or (b) the children would be required to provide parental information when applying for Federal Student Aid, and;
- **other people if they now live with your parents**, and your parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2015.

**Both Independent and Dependent Students:** Write the names of all household members. Also write in the name of the college for any family member, excluding your parent(s), who will be attending college at least half-time between July 1, 2014 and June 30, 2015, and will be enrolled in a degree or certificate program. If you need more space, attach a separate page.

Names of Household Members, include student	Age	Relationship to Student	Name of College (if person will attend at least half-time)

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

\*required for dependent students only

**FOR OFFICE USE ONLY**