

SFCC Financial Aid Office 2013-2014 INDEPENDENT FAMILY SIZE

Financial Aid Office MS 3172 Spokane Falls Community College 3410 W Fort George Wright Dr Spokane WA 99224-5288 www.spokanefalls.edu

Date:						•						
Student Name:				8	2							
<u> </u>	Last (legal)	First	M.I.	STUDENT IDENTIFICATION NUMBER								

The SFCC Financial Aid Office has received conflicting information about your reported household size and the number of family members who will be attending college during the 2013-2014 school year.

List the people in your household, including:

- yourself and your spouse if you have, and
- your children, if you will provide more than half of their support from July 1, 2013 through June 30, 2014, even if they do not live with you, 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 from July 1, 2013 through June 30, 2014.

Write the names of all household members in the space(s) below. Also write in the name of the college for any household member, excluding your parent(s), who will be attending at least half time between July 1, 2013 and June 30, 2014, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College City University
Missy Jones (example)	24	Wife	City University
		Self	

Please sign below and return this letter along with the requested documentation so that we may review your application for aid. If you are **NOT** planning to attend SFCC, notify us in writing. Please be sure to include your student ID number on **all** correspondence.

Each person signing this form certifies that all the information reported on it is complete and correct. The student and at least one parent must sign and date.

Student's Signature	Date
Parent's Signature	Date

Sincerely,

Financial Aid Office Staff Spokane Falls Community College