

Student's Name _____

SFID#: _____

HOUSEHOLD MEMBERS

<p align="center">INCLUDE:</p> <ul style="list-style-type: none"> • Your Parent <u>USED ON THE FAFSA AND THEIR SPOUSE</u> (Biological or <u>Step</u> Parent) • All siblings (biological, half, or step) 23 years old or younger <i>even if they do not physically reside with your parents</i> 	<p align="center">DO NOT INCLUDE:</p> <ul style="list-style-type: none"> • Boyfriend • Girlfriend • Fiancé(e) • Friends • Grandparents • Siblings who are married • Siblings over the age of 23 • Foster siblings • Other <u>NON-MARRIED</u> Partner(s) or Relation
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FULL NAME (FIRST, MIDDLE, AND LAST NAME)	AGE	RELATIONSHIP TO STUDENT
STUDENT:		STUDENT/SELF
PARENT 1:		PARENT
PARENT 2 (If applicable):		PARENT

HOUSEHOLD MEMBERS IN COLLEGE

Please indicate below anyone in your household above who will be attending an **accredited postsecondary institution** for a **degree or a certificate program, at least half-time anytime between JULY 1st, 2017 to JUNE 30th, 2018.**

NAME OF STUDENT	COLLEGE/UNIVERSITY	SFID IF AT SANTA FE
STUDENT:	SANTA FE COLLEGE	

If you need additional space for either section above, please use the back of this form and check here →

I certify all information reported on this form is complete and correct. I understand that if I purposefully give false or misleading information, I may be fined, sentenced to jail, or both.

NO TYPED SIGNATURES WILL BE ACCEPTED

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

SANTA FE COLLEGE • FINANCIAL AID OFFICE

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Commitment to Equal Access and Equal Opportunity

Santa Fe College is committed to an environment that embraces diversity, respects the rights of all individuals, is open and accessible, and is free of harassment and discrimination.

For more information, visit sfcollge.edu/eao or contact equity.officer@sfcollge.edu.