

You may mail this information to Shawnee State University, Financial Aid Office  
 940 Second Street, Portsmouth Ohio, 45662 or fax to 740.351.3435

**Student Information**


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Name		Student ID		
City	State	Zip	Phone Number (include area code)	

**Family Information (check one)**


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- Independent Students:** List the people in your household, include: (A) yourself and your spouse if you are married; (B) your children, if you will provide more than half of their support from July 1, 2016 through June 30, 2017; (C) 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, 2016 through June 30, 2017.
- Dependent Students:** List the people in your parents' household, include: (A) yourself and your parent(s) (including stepparent) even if you don't live with your parents; (B) your parents' other children, even if they don't live with your parent(s), if your parents will provide more than half of their support from July 1, 2016 through June 30, 2017 or the children would be required to provide parental information when applying for Federal Student Aid; (C) 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 from July 1, 2016 through June 30, 2017.

**Write the Names of All Household Members:**

If any household member will be attending college at least half-time between July 1, 2016 and June 30, 2017, and will be enrolled in a degree or certificate program, include the name of the college.\* If your parent(s) will be attending college at least half-time during this time period, please contact the Financial Aid Office. *If more space is needed, attach a separate page with the student's name and student ID at the top.*

Full Name	Age	Relationship	*College	*Will be Enrolled at Least Half Time
<i>Marty Jones (example)</i>	28	<i>Wife</i>	<i>Central University</i>	Yes
		SELF		

**Sign this Worksheet**


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Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and at least one parent must sign and date. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student	Date	Parent	Date
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