



# 2009–2010 FAMILY MEMBER LISTING

Student's Name \_\_\_\_\_ Student's USC ID Number \_\_\_\_\_  
Last First

Student's Social Security Number \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_  
Month/Day/Year

We need additional information about your or your parents' household. Please complete the family grid below. Be sure to indicate the ages of all family members. If a family member is attending school at least half time, you must complete all the requested school information. Return the signed form to the Financial Aid Office.

**Include the following individuals:**

1. your parents and stepparent, if applicable;
2. your parents' other children if they receive more than half their support from your parents from July 1, 2009 through June 30, 2010;
3. your parents' other children if they are required to provide parental information when applying for federal aid for the 2009–2010 school year;
4. other individuals who now live with your parents, AND who now receive more than half of their support from your parents, AND who will continue to receive this support between July 1, 2009 and June 30, 2010.

If you are an independent student include your spouse, your children if they receive more than half their support from you between July 1, 2009 and June 30, 2010. Include other individuals who now live with you AND who now receive more than half of their support from you, AND who will continue to receive this support between July 1, 2009 and June 30, 2010.

**Student: Do not include yourself.**

			2009–2010 SCHOOL YEAR						2008–2009 SCHOOL YEAR				
NAME OF FAMILY MEMBER (DO NOT INCLUDE YOURSELF)	AGE	RELATIONSHIP	ATTEND COLLEGE FOR AT LEAST ONE TERM IN 2009–2010		NAME OF SCHOOL/COLLEGE 2009–2010	YEAR IN SCHOOL/COLLEGE 2009–2010	TYPE OF SCHOOL/COLLEGE				NAME OF SCHOOL/COLLEGE 2008–2009	YEAR IN SCHOOL/ COLLEGE 2008–2009	PARENTS CONTRIBUTION 2008–2009
			FULL TIME	HALF TIME			ELEMENTARY SECONDARY	COMMUNITY COLLEGE	PUBLIC 4 YEAR	PRIVATE 4 YEAR			
1.			<input type="checkbox"/>	<input type="checkbox"/>									
2.			<input type="checkbox"/>	<input type="checkbox"/>									
3.			<input type="checkbox"/>	<input type="checkbox"/>									
4.			<input type="checkbox"/>	<input type="checkbox"/>									
5.			<input type="checkbox"/>	<input type="checkbox"/>									
6.			<input type="checkbox"/>	<input type="checkbox"/>									
7.			<input type="checkbox"/>	<input type="checkbox"/>									

**Certification:**

I/we certify that the above information is true and correct.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent's/Stepparent's Signature \_\_\_\_\_ Date \_\_\_\_\_