

SECTION 1: Student Information

Last Name _____ First Name _____ Student or STAR ID _____

SECTION 2: Family Information

In the table below, list the people that you will support between July 1, 2024 and June 30, 2025. Include:

- The student
- Your spouse
- Your children/stepchildren (even if they do not live with you) if you provide more than half of their support and will continue to provide more than half of their support through June 30, 2025
- Other people, only if they now live with you and will receive more than half of their financial support from you and will continue to receive that financial support through June 30, 2025

If any of the people listed will be attending college at least half time (6 or more credits) in a degree, diploma or certificate program between July 1, 2024 and June 30, 2025, please list the name of the college they are attending

Name	Age	Relationship to Student	College	Program Level (PSEO, undergraduate, graduate)
_____	_____	Student	South Central College	Undergraduate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION 3: Signature

By signing this form, we certify that all the information reported on this form is complete and correct.

Student Signature* _____ Date _____

*We cannot accept a digitally typed signature. An ink signature is required.