



## 2023-2024 Household Worksheet Dependent Students Form F23HVW

Student's Last Name	First Name	M.I.	Wabash Student ID #
Address (include apt. no.)			Date of birth
City	State	Zip	Phone number

**READ: Number in Household**

List the people in your parents' household. Include:

- Yourself, even if you don't live with your parents
- Your parent/s **with whom you currently live** (including step-parent)
- Your parents' other dependent children (even if they do not live with your parents) if (a) your parents will provide **more than half** of their support from July 1, 2023 through June 30, 2024, **or** (b) the other children would be required to provide parental information if they were completing a FAFSA for 2023-2024
- Other people if they now live with your parents, your parents provide **more than half** of their support, **and** your parents **will continue to provide more than** half of their support between July 1, 2023 and June 30, 2024

**READ: Number in College**

- Of the household members listed, indicate who will be college students in a program leading to a college degree or certificate at an eligible postsecondary education institution between July 1, 2023 and June 30, 2024
- Include the name of the college that the household member is or will be attending
- Indicate whether they will be enrolled as a half-time student or more

Full Name	Age <small>(do not leave blank)</small>	Relationship to Student <small>(do not leave blank)</small>	Name of College Attending in 2023-2024	Enrolled Half-time or more? (Yes or No)
		<i>Self</i>	<i>Wabash College</i>	<i>Yes</i>
		<i>Parent 1</i>		
		<i>Current spouse of parent 1</i>		

Attach a separate sheet if additional space is needed

By signing this worksheet, I certify all the information reported is complete and correct (the student and at least one parent must sign; ***(electronic/typed signatures are NOT acceptable):***

Student's Signature	Date
Parent's Signature	Date

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

Return this form and any related documents to the Wabash College Financial Aid Office  
PO Box 352, Crawfordsville IN 47933  
765-361-6166 (fax)