



2019-2020 Household Worksheet

Dependent Students

Form F19HVW

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

Number in Household

In the chart below, list the people in your parents' household. Include:

- Yourself, even if you don't live with your parents
- Your parents (including step-parent). Do not include your non-custodial parent
- Your parents' other dependent children if (a) your parents will provide more than half of their support between July 1, 2019 through June 30, 2020 or (b) if the other children would be required to provide parental information if they were completing a FAFSA for 2019-2020. Include children who meet either of these standards, even if the child does not live with your parents
- 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 through June 30, 2020

Number in College

- Of the household members listed, indicate who is or will be enrolled at least half-time in a program leading to a degree or certificate at an eligible postsecondary education institution between July 1, 2019 and June 30, 2020
- Include the name of the college that the household member is or will be attending

Full Name	Age	Relationship to Student	Name of College Attending in 2019-2020	Enrolled Half-time or more? (Yes or No)
		<i>Self</i>	<i>Wabash College</i>	<i>Yes</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 signatures are not acceptable):

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