



## 2021-2022 Household Worksheet Dependent Students Form F21HVW

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

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, 2021 through June 30, 2022, **or** (b) the other children would be required to provide parental information if they were completing a FAFSA for 2021-2022.
- 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, 2021 and June 30, 2022

### 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, 2021 and June 30, 2022
- 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 2021-2022	Enrolled Half-time or more? (Yes or No)
		<i>Self</i>	<i>Wabash College</i>	<i>Yes</i>
		<i>Parent 1</i>		
		<i>Parent 2**</i>		

Attach a separate sheet if additional space is needed

**\*\*current spouse of parent 1**

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)