

DANVILLE COMMUNITY COLLEGE

Name of Student: _____ Student ID _____

Fill in the information about the people that your parents will support between July 1, 2016, and June 30, 2017.

Include other people only if they

Include:

- yourself
- your parent(s) (you live with including stepparent)
- your parents' dependent children (if they receive more than half of their support from your parents)
- Do not include your (the student's) spouse

- now live with your parents and your parents provided more than half of their support and will continue to provide more than half of their support from July 1, 2016 through June 30, 2017.

_____ List the people in your parent's household based on the above definition

Full Name	Age	Relationship to Applicant
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ List the people from the above list, including yourself, who will be going to college or other schools beyond the high school level between July 1, 2016, and June 30, 2017. To be included here **each student must be enrolled at least half-time in a degree program**. Half-time means the student is taking at least 6 credit hours per term. **Do not include your parents.**

Name	College (to be) Attended
_____	_____
_____	_____
_____	_____

I (we) certify that the people listed above should be included based on the definitions given.

Date

Signature of Parent

Date

Signature of Parent

Date

Signature of Applicant