

# DANVILLE COMMUNITY COLLEGE

Name of Student: \_\_\_\_\_ Student ID \_\_\_\_\_

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

**Include:**

- yourself
- your spouse (if you have one)
- your or your spouse's dependent children (if they will receive more than half of their support from you from July 1, 2016, through June 30, 2017)

**Include other people only if they**

- have lived with you and you 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 household based on the above definition

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

\_\_\_\_\_ List the people from the above list 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 that the student is taking at least 6 credit hours per term.

Name	College (To Be) Attended
_____	_____
_____	_____
_____	_____

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Spouse