



**2019-2020 Independent Student Application for Financial Aid  
& Verification of Family Members Form**

Student's Name: \_\_\_\_\_ Student ID: C# \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Who to list as part of your household & attending college?**

- ✓ Include yourself and your spouse
- ✓ Include any other household members who currently live with you who depend on you for more than half of their support, and will continue to from July 1, 2019 through June 30, 2020
- ✓ Include the name of the college of household members who will attend college matriculating towards a degree at least half-time during 2019-2020. List the name of the school and grade level in college. Do not include spouse or child attending U.S. military academies
- ✓ You may attach a separate sheet if necessary

Please list **All** members living in your household:

<u>Full Name of each household member</u>	<u>Age</u>	<u>Relationship</u>	<u>Name of College (if applicable)</u>	<u>Will you be Enrolled at Least Half Time? (Y/N)</u>	<u>Undergraduate (U) or Graduate (G)</u>
		<b>Self</b>	<b>Clark University</b>		<b>U</b>
		Spouse			
		Child			
		Child			

Please Note:

- ◆ If your file has been selected for verification by the Department of Education this form satisfies the Department of Education's requirement to remit to us a "Verification of Family Members" form. We may request additional information at any point during the academic year to complete your application or disburse financial aid to your account as required by the Dept. of Education.

*Our signatures below (**electronic signatures cannot be accepted**) certifies that we have read and understand all information included with the student's application for financial aid. We agree to provide all required materials as part of the application, and we have made true and accurate statements to the best of our knowledge. If information reported on the FAFSA is different than information recorded on this form, the FAFSA will be updated based on the information provided on this form, unless the office of Financial Assistance is notified in writing of any changes.*

\_\_\_\_\_  
*Student's Signature (required)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Spouse's Signature (required)*

\_\_\_\_\_  
*Date*