CLARK UNIVERSITY

CHALLENGE CONVENTION.
CHANGE OUR WORLD.

Office of Financial Assistance
Phone: (508)793-7478 Fax: (508)793-8802
950 Main Street, Worcester, MA 01610
Prospective Students Submit at apply.clarku.edu/status
Current Students Submit at https://upload.clarku.edu/form/dropbox

2023-2024
Verification Household Size
(Independent Student)

Student Name: _____ Clark University ID #*:_____

Number of Household Members: List below the people in the student's household. Include:

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2023, through June 30, 2024, even if a child does not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2024.

Number in College: Include in the space below information about any household member who is**,** or will be**,** enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2023, and June 30, 2024, and include the name of the college.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
		Self	*Clark University*	

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

_____ _____
Student's Signature Date

_____ _____
Spouse's Signature (if applicable) Date

* For currently enrolled students only, otherwise leave blank.