

Please submit this document to your respective Financial Aid Office.

STEP 1 – STUDENT INFORMATION

<i>Last Name</i>	<i>First Name</i>	<i>Social Security Number</i>	<i>Student ID Number</i>
<i>Permanent Address</i>	<i>Street & Number</i>	<i>City/State/Zip</i>	<i>Date of Birth</i>
<i>Local Phone Number (Include Area Code)</i>	<i>Permanent Phone Number (Include Area Code)</i>	<i>Email Address</i>	

STEP 2 – FAMILY INFORMATION

If you are an **independent student**, include:

- ❖ Yourself
- ❖ Your spouse, if you are married.
- ❖ Your or your spouse’s children if you or your spouse will provide more than half of their support from July 1, 2019, through June 30, 2020, even if a child does not live with you.
- ❖ Other people if they now live with you and your spouse and you or your spouse provide more than half of their support and will continue to provide more than half of their support through June 30, 2020.

For 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, 2019, and June 30, 2020, include the name of the college.

If more space is needed, please attach a separate page with your, the student’s, name and ID number at the top.

Full Name	Age	Relationship	Name of College/Degree Program <i>(if at least half-time 2019-2020)</i>
		<i>Self</i>	<i>Columbia University in the City of New York</i>

