

Name (Last, First): _____ SUA ID#: _____

Date: _____ Cell Phone #: _____

You must complete all application sections. Do not leave any question or amount response blank. If a question does not apply, write "N/A" (for Not Applicable) where a response is requested or "0" if an amount is requested. Forms submitted with blanks will be considered incomplete and may delay receipt of financial aid.

SECTION A: Information About Your Household Size & Family Members in College

1) List the people in your household. Please include:

- Yourself, and your spouse (if married).
- Your dependent children. List only family members that you provide more than half of their support for **OR** family members that would be required to provide your information when applying for student aid. Do not include foster children.
- Other family members, only if: **(a)** they live with you, **AND (b)** you provide more than half of their support, **AND (c)** you will continue to provide support for from July 1, 2017 through June 30, 2018.
- College information for any household member that: **(a)** will enroll in college at least half-time during the 2017-2018 academic year, **AND (b)** will be enrolled in an undergraduate degree, diploma, or certificate.

Full Name of Household Member*	Relationship to Student	Born On or After January 1, 1994?	Information for Family Members Born On or After January 1, 1994; AND Will Enroll in College at Least Half-time in 2017-2018		
			Name of College	Degree	Year in College
	Self	XXXX	Soka University		
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

* If your Number of Household Members exceeds the space above, attach a sheet listing the additional members in the household.

2) If any member of your household (listed above) is not a spouse or your child, please explain how and why your family is financially supporting this person:

SECTION B: Signature(s)

By signing this form you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form.

_____ Student Name (print)	_____ Signature	_____ Date
_____ Spouse Name (if married) (print)	_____ Signature	_____ Date

Mail, or deliver this form in person, to the address listed below. Write your ID# on any attached, supporting documents.