



## FISHER COLLEGE

Office of Financial Aid

118 Beacon Street

Boston, MA 02116

Phone: 617-236-8821

Fax: 617-670-4440

Email: [financialaid@fisher.edu](mailto:financialaid@fisher.edu)

Web: [www.fisher.edu/financial-aid](http://www.fisher.edu/financial-aid)

### 2021-2022 Verification of Number in Household and Number in College Independent Student

In review of your application for financial aid we have identified some information that requires clarification. Please confirm the number of family members in your household and the number of family members enrolled in postsecondary education during the 2021-2022 academic year.

Student Name: \_\_\_\_\_ Fisher ID: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

List below the people in the student's household. Include:

#### NUMBER OF HOUSEHOLD MEMBERS.

- Yourself (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, 2021, through June 30, 2022.
- Other people if they now live with the student and the student or spouse provides MORE THAN HALF OF THEIR FINANCIAL SUPPORT and will continue to provide more than half of their financial support through June 30, 2022.

#### NUMBER IN COLLEGE.

- Include in the space below information about any household member who is, or will be, enrolled at least ½ time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2021, and June 30, 2022.

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

FULL NAME	AGE	Relationship to Student	Name of COLLEGE attending in 2021-2022	Enrolled at least Half Time (6-8 credits) Yes/No
<i>Missy Jones (example)</i>	<i>18</i>	<i>Sister</i>	<i>Central University</i>	<i>Yes</i>
		SELF	FISHER COLLEGE	

**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 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date