

# 2023-2024 FAFSA REVIEW FORM – INDEPENDENT STUDENT HOUSEHOLD

**P**

Student Last Name                      Student First Name                      Student Middle Initial                      Student ID Number

## SPOUSE INFORMATION

List the name of your spouse below, if applicable.

Full Name	Age	Marriage Date	Relationship to you

## CHILDREN INFORMATION

List the names of your children if you will provide more than half of their support from 07/01/2023 through 06/30/2024 (even if they do not live with you).

Full Name	Age	Relationship to you	Enrolled in College*	Enrolled at Least ½ Time	College Name
			Yes / No	Yes / No	
			Yes / No	Yes / No	
			Yes / No	Yes / No	
			Yes / No	Yes / No	

## OTHER HOUSEHOLD MEMBERS

List the names of any additional people in your household if you will provide more than half of their support from 07/01/2023 through 06/30/2024.

Full Name	Age	Relationship to you	Enrolled in College*	Enrolled at Least ½ Time	College Name
			Yes / No	Yes / No	
			Yes / No	Yes / No	

\* **College/University Explained:** Include the name of the college/university for these individuals who will be enrolled at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2023, and June 30, 2024.

## CERTIFICATION

I certify that all of the information reported on this form is complete and accurate. By signing this form, I authorize Wingate University to make any changes to the originally reported FAFSA data resulting from the review process.



**Important Note:**

A typed name **is not** a signature. This form must include the student's signature/



Student Signature

Date