

— Barnes-Jewish College —
GOLDFARB SCHOOL of NURSING
— BJC HealthCare —

This form contains Personally Identifiable Information

2024-2025
Member of Household Inquiry

Name: _____ Student ID#: A _____

You have listed someone as a member of your/your parents' household who may not meet the criteria to be counted in household size for the purpose of applying for federal financial aid. The information you provide on this form will help determine whether you should continue to list this person as a household member. Please complete the form, sign the Certification Statement, and return the form to us so that we may process your file.

Section I. Name of person in question: _____

Did this person live in your household your parents' household on the date you applied for federal financial aid (_____) and were you your parents providing more than half of this person's support at this time?

Yes No

Does this person have his/her own source of income or will they receive support from someone else from July 1, 2024 until June 30, 2025?

Yes No

If Yes, please list the source(s) and total amount expected from July 1, 2024 until June 30, 2025.

Will this person attend college at least halftime for the 2024-2025 academic year?

Yes No

If Yes, Please Name and Location of College

Did you your parents claim this person on a 2023 U.S. Federal Income Tax Return?

Yes No

If No, Please explain:

Will you your parents provide more than one-half of this person's support for the entire 2024-2025 academic year (from July 1, 2024 until June 30, 2025)?

Yes No. This person cannot be counted in your household size.

Name: _____ Student ID#: A _____

Section II. Comments

Please use the following space to provide any additional information you feel will document that this person meets the criteria to be included in you/your parents' household size. For example, if the person has his or her own income, you might explain how you have determined that you/your parents contribute more than one-half of that person's support.

You may also use this space to ask us to delete this person from the list of persons in your/your parents' household size.

Section III. Certification Statement for Independent Students

By signing this worksheet, I certify that all of the information to qualify for federal financial aid is complete and correct. I understand that giving false or misleading information on this worksheet can result in a fine, jail sentence, or both.

Student Signature

Date

Section IV. Certification Statement for Dependent Students

By signing this worksheet, I (we) certify that all of the information to qualify for federal financial aid is complete and correct. I understand that giving false or misleading information on this worksheet can result in a fine, jail sentence, or both.

Student Signature and Date

Parent Signature and Date