

Wabash.

Student's Last Name

First Name

M.I.

Wabash Student ID #

List the people in your parent's family. Include:

- Yourself
- Your parent(s), even if you don't live with them
 - Do not include a parent who has died
 - Do not include a parent who is not living in the household due to separation or divorce
 - Include step-parent, if applicable
- Your siblings, if the following are true:
 - They live with your parent, or live elsewhere to attend college, and
 - They receive _____ of their support from your parent, and
 - They will continue to receive _____ of their support from your parent from 7/1/24 through 6/30/25
- Other people, if the following are true:
 - They live with your parent,
 - They receive more than half of their support from your parent, and
 - They will continue to receive more than half of their support from your parent from 7/1/24 through 6/30/25

Full Name	Age (do not leave blank)	Relationship to Student (do not leave blank)	Attending College in 2024-2025? (Yes or No)

Attach a separate sheet if additional space is needed

By signing this worksheet, I certify all the information reported is complete and correct (the student and at least one parent must sign; **electronic/typed signatures are NOT acceptable** :

Student's Signature

Date

Parent's Signature

Date

Return this form and any related documents to the Wabash College Financial Aid Office
 PO Box 352, Crawfordsville IN 47933
 765-361-6166 (fax)