

Complete this form only if specifically requested by the Earlham College Financial Aid Office.

Section A: Student Information

Student's Name: (please print) _____ Social Security Number _____ - _____ - _____

Street Address: _____ City, State, Zip _____

Section B: Names, Ages & School of Family Members

Please list the names and ages of all individuals that the parent(s) who completed the Earlham Student's Free Application for Federal Student Aid will support between July 1, 2009 and June 30, 2010. Include the parent(s) and yourself. Include the parents' other children if they get more than half their support from the parents, or if the parent(s) would be required to provide parental information for that person when applying for Title IV Federal student aid in 2009-10. Include other people only if they currently live with the parent(s) and get more than half their support from them and will continue to get this support between July 1, 2009 and June 30, 2010.

For each person in the household attending a college/university as at least a one-half time student, please indicate the college/university that person will attend during the 2009-10 academic year if they are attending a college/university that is eligible to participate in the Federal student aid programs and they are working toward a degree or certification.

NAME	AGE	RELATIONSHIP	COLLEGE OR UNIVERSITY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section C: Signatures

Student's Signature _____ Date _____

Parent's Signature: _____ Date: _____

Please Return to:
Earlham College Financial Aid Office
801 National Road West • Richmond, IN 47374-4095