

## 2023-2024 Dependent HH Member Verification

Financial Aid Office 444 Western Blvd Jacksonville, NC 28546-6816 Fax: 910-455-2767

Email: finaid@coastalcarolina.edu

Δ	Stu	dent	Inform	ation
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Last Name:	Fire	st Name:		MI:	CCC	C ID:
Address:				Date of Birth	1:	
City:		ıte: Zip:		Phone #:		
B. Total Household Members						
Student should include in the chart to Yourself (list yourself first)  Your parent(s) – even if you live or Your parent's other dependent chi July 1, 2023 through June 30, 2024.  Other dependents ONLY IF they continue to present their support AND will continue to present the support their s	n your o ildren (u : :urrently	nder age 24), if y	our parent(s rent(s) <u>AND</u>	will provide	more than h	rovide more than half of
Full Name	Age	Relationship to Student	attending least 1/2 degree o progran July 1,	ndividual be g college at 2 time in a r certificate n between 2023 and 30, 2024	Na	me of College
		Self	□Yes	□No		
			□Yes	□No		
			□Yes	□No		
			□Yes	□No		
			□Yes	□No		
			□Yes	□No		
Total # of Household Members:		. Tota	al # of House	ehold Membe	ers in College	»:
Was child support paid in 2021 by the lf your parent answered yes, please						ehold? □Yes □No
Certification and Signatures						
I/We certify that all of the information must sign and date this worksheet.	า reporte	ed on this worksh	eet is comp	ete and corre	ect. The stude	ent and one parent
						WARNING:
Student Signature		Date				If you purposely give false or misleading information on this
Parent Signature			Date			worksheet, you may be fined, be sentenced to jail, or both.