

Student Name:

Parent Signature

FISHER COLLEGE

Office of Financial Aid 118 Beacon Street Boston, MA 02116 Phone: 617-236-8821

Fax: 617-670-4440 Email: financialaid@fisher.edu Web: www.fisher.edu/financial-aid

Fisher ID: _____

2023-2024 Confirmation of Number in Household and Number in College Dependent Student

In review of your application for financial aid we have identified some information that requires clarification. Please confirm the number of family members in your household and the number of family members enrolled in postsecondary education during the 2023-2024 academic year.

(Please Print)				
Address:				
City:		State:	Zip Code:	
Cell Phone Number:				
List below the people in the parent NUMBER OF HOUSEHOLD N	IEMBERS. IN			
Yourself (the st	•			
Parent's other through June 3Other people if	children if th 0, 2024. they now liv	ve with the parent(s) and t	he parent(s) provides MOF	en's support from July 1, 2023 RE THAN HALF OF THEIR ial support through June 30,
NUMBER IN COLLEGE.				
at least ½ time in a time between July :	degree, diplo 1, 2023, and	oma, or certificate prograr June 30, 2024.	n at an eligible postsecond students name and ID numbe Name of COLLEGE	Enrolled at least Half Time (6-8
Missy Jones (example)	18	Sister	attending in 2023-2024 Central University	credits) Yes/No <i>Yes</i>
iviissy Jones (exumple)	18	SELF	FISHER COLLEGE	763
Note: We may require additional documental postsecondary educational institutions is inac		 reason to believe that the inforr	nation regarding the household	 members enrolled in eligible
Student Signature		Date		

Date