

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

2022-2023 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 2022-2023 academic year.

Student Name: _____ Fisher ID: _____

ddress:				
ty:		State:	Zip Code:	
ell Phone Number:				
 Parent's other chi through June 30, Other people if the FINANCIAL SUPPO 2023. NUMBER IN COLLEGE. Include in the space be 	MBERS. IN lent). g steppare ildren if th 2023. ley now liv DRT and w	nt if parent is remarried). e parent(s) will provide m we with the parent(s) and t ill continue to provide mo	he parent(s) provides MOF re than half of their financi old member (besides a par	al support through June 30, ent) who is, or will be, enrolle
time between July 1, 2	2022, and	June 30, 2023.	n at an eligible postsecond students name and ID numbe	ary educational institution an or at the top.
FULL NAME	AGE	Relationship to Student	Name of COLLEGE attending in 2022-2023	Enrolled at least Half Time (6 credits) Yes/No
Missy Jones (example)	18	Sister	Central University	Yes
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ote: We may require additional documentation ostsecondary educational institutions is inaccur		reason to believe that the inforr	nation regarding the nousehold i	nembers enrolled in eligible
indicent				

Date