



2010-2011 Dependent Student Family Size Form

Financial Aid Office
p: 800.289.6222 / 612.343.4485
f: 612.343.8067
finaid@northcentral.edu

Student's Last Name _____

First Name _____

Middle Initial _____

NCU ID Number (if known) _____

Social Security Number _____

List below the people in your parents' household, include:

- yourself and your parent(s) (including stepparent) even if you do not live with your parents; and
- your parents' other children, even if they do not live with your parent(s), if (a) your parents will provide more than half of their support from July 1, 2010 through June 30, 2011, or (b) the children would be required to provide parental information when applying for Federal Student Aid; and
- other people only if: they now live with your parents, and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2010 through June 30, 2011. (Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.)

Also write in the name of the college for any household member, excluding your parent(s), who will be attending college at least half-time between July 1, 2010 and June 30, 2011, and will be enrolled in a program that leads to a degree, diploma, or certificate at a postsecondary school eligible to participate in any of the federal student aid programs.

If you need more space, attach a separate page.

Family Member's Full Name	Relationship to Student	Age	Attending College: Yes/No	Name of College
1.	Student		Yes	North Central University
2.	Parent		N/A	N/A
3.	Parent		N/A	N/A
4.				
5.				
6.				
7.				
8.				

By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Student Signature _____

Date _____

Parent Signature _____

Date _____

Please return to:
Financial Aid Office • North Central University
910 Elliot Avenue • Minneapolis, MN 55404