



## 2018-2019 Number in Household/Number in College Worksheet Federal Student Aid Programs

**Please complete the following information and mail to:**

**Return within 10 business days.**

**BCC Financial Aid Office  
P. O. Box 266  
Dublin, NC 28332**

**STEP 1 STUDENT INFORMATION (Please Print)**

Last Name	First Name	M.I.	BCC ID NUMBER	
Mailing Address	City	State	Zip Code	Date of Birth
Phone Number (Include Area Code)		Permanent Phone Number (Include Area Code)		

**STEP 2. Family Information (Check Independent OR Dependent and complete the table)**

**Independent Students:** List the people in your household; include (a) yourself, your spouse, if married; (b) your children, if you provide more than half of their support from July 1, 2018 through June 30, 2019; and (c) any other people if they now live with you, and you provided more than half of their support and will continue to provide more than half of their support from July 1, 2018 through June 30, 2019.

**Dependent Students:** List the people in your parent's household; include (a) yourself, your parent(s) you live with (include stepparent); (b) your parents' other children, even if they don't live with your parent(s), if (1) your parents provide more than half of their support from July 1, 2018 through June 30, 2019, or (2) if they would be required to give parental information when applying for Federal student aid; and (c) any other people if they now live with your parents, and your parents provided more than half of their support and will continue to provide more than half of their support from July 1, 2018 through June 30, 2019.

Write the names of all household members. Also write in the name of the college for any family member excluding your parent(s), who will be attending college at least half-time between July 1, 2018 and June 30, 2019 and will be enrolled in a degree or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship to Student	College
		Self	Bladen Community College

**WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS WORKSHEET, YOU MAY BE FINED, OR SENTENCED TO JAIL OR BOTH.** I (we) certify that all the information reported on this worksheet is complete and correct. If dependent, at least one parent must sign.

\_\_\_\_\_ Date \_\_\_\_\_  
Student's Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Parent's Signature (Dependent Students Only)