



2016-2017 Verification of Family Members (Independent)

FAM-I

Please complete, sign and return to the Evergreen Financial Aid Office as soon as possible.

Name: _____ Evergreen ID A _____
(print) Last First MI

List the people that you will support between July 1, 2015 and June 30, 2016. Include:

- yourself,
- your spouse, and
- your dependent children (if you provide more than half of their support).

Also list others as family members if:

- they lived with you and got more than half their support from you at the time you completed your student aid application, and
- they will continue to get more than half their support from July 1, 2015 through June 30, 2016.

Write in the name of the college of any family member who will be attending college at least half time between July 1, 2016, and June 30, 2017, and will be enrolled in a degree or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College Attending at least ½ time
		Self	The Evergreen State College

I certify that all of the information on this form is true and complete to the best of my knowledge.

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____