

$\textbf{2023-2024} \ \textbf{Verification of Family Members for an Independent Student} \ \textbf{\textit{FAM-I Please}}$

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

Full Name:		Phone:		Evergreen ID:		
Mailing Address:			City:	Sa	ate:	ZIP:
your children wou Other people if th	spouse if mar ou will provide ald be required ey live with yo	ried. more than half of th I to provide your info	neir support from Jul ormation if they wer nore than half of the 24.	e completi	ng a FAF	SA for 2023-2024.
Your Name:		Date of Birth		College Attending in 2023-2024		
Spouse's Name			College Attending	e Attending in 2023-2024		
Other family members in	household (se	e details above) If m	ore space is needed	attach a s	enarate	nage.
		Birth	Relationship to stu		College Attending in 2023-2024	
I certify that all of the info	ormation on th	is form is true and c	omplete to the best	of my kno	wledge.	
Student's Signature:					_Date:	
Spouse's Signature:					Date:	