

Financial Aid 1530 W. 17th St. Santa Ana, CA 92706 2023-2024

Name of Financial	Aid Applicant (Please print)	
Last	First	Middle
Student ID Number	::	_

## Number in Household / Number in College—Dependent

## **Dependent Student's Family Information**

List the people in your parent (s)' household, including:

- Yourself
- Your parent (s) (including a stepparent). List parents as reported on the FAFSA
- Your parent (s)' other children if your parent (s) will provide more than half of their support from July 1, 2023, through June 30, 2024, or if the other children would be required to provide parental information if they were completing a FAFSA for 2023–2024. Include children who meet either of these standards, even if they do not live with your parent (s).

Include the name of the college for any household member, excluding your parent (s), who will be enrolled at least half at a postsecondary educational institution any time between July 1, 2023 and June 30, 2024.

If more space is needed, attach a separate page with your name and student ID at the top.

				Will be Enrolled at Least Half Time
Full Name	Age	Relationship	College	Yes / No
		Self	Santa Ana College	
		Parent 1		
		Parent 2		
		Sibling		

• Other people if they now live with your parent (s) and your parent (s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2024.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time Yes / No
WE HEREBY CERTIFY that to the best of our knowledge, all of the information provided is true and complete. We understand that false				

		st of our knowledge, all of the infor e cause for denial or repayment of f		e and complete. We understand that false
Parent Signature	Date	Student Signature	Date	

It is the policy of the RSCCD to fully comply with the requirements of the Americans with Disabilities Act. (BP 5140) Consistent with that policy, this material is available in alternative formats (such as accessible electronic text). Such materials and other disability accommodations will be provided as needed for program access upon request. Please contact the Financial Aid Office: financial aid@sac.edu, 714-564-6242 for needed accommodations or alternate formats.