



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

2024-2025

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

Number in Household / Number in College—Independent

Independent Student’s Family Information

- List the people in your household, including:
- Yourself, your spouse, and your children living with you.
 - Your other children if you will provide more than half of their support from July 1, 2024, through June 30, 2025, or if the other children would be required to provide parental information if they were completing a FAFSA for 2024–2025. Include children who meet either of these standards, even if they do not live with you.

Include the name of the college for any household member who will be enrolled at least half at a postsecondary educational institution any time between July 1, 2024 and June 30, 2025.

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

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time Yes / No
		Self	Santa Ana College	
		Spouse		
		Child		
		Child		
		Child		
		Child		
		Child		

- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2025.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time Yes / No

I HEREBY CERTIFY that to the best of our knowledge, all of the information provided is true and complete. I understand that false statements or misrepresentations will be cause for denial or repayment of financial aid.	
_____ Student Signature	_____ Date

☐ Office use only: Make ISIR correction. There is verbal confirmation that this form is correct.

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.