2023-2024 FAFSA REVIEW FORM - DEPENDENT STUDENT HOUSEHOLD

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Student Last Name	Student First Name	Student Middle Initial	Student ID Number

PARENT INFORMATION

List the names of the parent(s) that you reside with when you are not in school. If you do not live with your parent(s), then list the parent(s) that was included on the FAFSA form.

Full Name	Age	Married	Marriage Date	Relationship to you (Circle One)	
		Yes / No		Biological/Adoptive Parent / Legal Guardian / Stepparent	
		Yes / No		Biological/Adoptive Parent / Legal Guardian / Stepparent	

SIBLING/STEP SIBLING INFORMATION

List the names of your parent(s') other children if your parent(s) will provide more than half of their support from 07/01/2023 through 06/30/2024 (even if they do not live with your parent).

Full Name	Age	Relationship to you	Enrolled in College*	Enrolled at Least ½ Time	College Name
			Yes / No	Yes / No	
			Yes / No	Yes / No	
			Yes / No	Yes / No	
			Yes / No	Yes / No	

OTHER HOUSEHOLD MEMBERS

List the names of any additional people in your parent(s') household if your parent(s) will provide more than half of their support from 07/01/2023 through 06/30/2024.

Full Name	Age	Relationship to you	Enrolled in College*	Enrolled at Least ½ Time	College Name
			Yes / No	Yes / No	
			Yes / No	Yes / No	

^{*} College/University Explained: Include the name of the college/university for these individuals who will be enrolled at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2023, and June 30, 2024.

CERTIFICATION

I certify that all of the information reported on this form is complete and accurate. By signing this form, I authorize Wingate University to make any changes to the originally reported FAFSA data resulting from the review process.



Important Note:

A typed name is not a signature. This form must include a signature by both the student and at least one parent as listed on this form.



Student Signature	Date
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Parent Signature (Only One Parent Needed)	Date