



Office of Financial Aid • 100 East 8th Street • PO Box 9000 • Holland, MI 49422-9000
P: 616-395-7765 • F: 616-395-7160 • finaid@hope.edu • hope.edu/financialaid

Student Name: _____

Hope College ID Number: _____

Complete ALL columns as indicated:

If you were required to provide PARENT information on your FAFSA, include:

- **yourself** and
- **your parents** (including step-parent), and
- your parents' **other children if your parent/s will provide more than half of their support** from July 1, 2017 through June 30, 2018 or if your parent/s would be required to provide parental information on their 2017-18 FAFSA, and
- **other household members** only if they now live with and receive more than half of their support from your parent/s **and** they will continue to receive this support through June 30, 2018.

If you were NOT required to provide PARENT information on your FAFSA, include yourself, your spouse (if applicable), dependent children and other household members as defined above.

Write in the school of attendance (at least halftime) for **ALL** household member(s) attending **ANY** school (including elementary and secondary schools) **during the 2017-18 academic year**. Indicate enrollment status if in college.

FIRST & LAST NAME OF EACH MEMBER OF THE HOUSEHOLD DURING 2017-18	AGE	RELATIONSHIP TO STUDENT	NAME OF COLLEGE OR SCHOOL IN 2017-18	COLLEGE ATTENDANCE AT LEAST HALF-TIME ★ (see below)	
				YES	NO
YOU (THE STUDENT)		Self	Hope College		

(Continue on back or separate sheet if necessary)

★ Check "YES" ONLY if student is working towards a degree or certificate leading to a recognized education credential at a college that is eligible to participate in any of the federal student aid programs during the 2017-18 academic year.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

Return this completed form to the address listed below.

Student Signature: _____

Date Signed: _____

Parent Signature: _____

Date Signed: _____