

Stevenson University Financial Aid Office 100 Campus Circle Owings Mills, MD 21117 Phone: 443-334-3200 Fax: 443-352-4370

Email: financial-aid@stevenson.edu

2021-2022 Independent Student Household Worksheet

Student's Last Name Student's First Name	Student's M.I.		Stevenson University I.D. #	
Student's Home Phone Number (include area code)		Student's Date of Birth		
Student Marital Status (check one of the formarried/remarried never made unmarried and parents living together		di	vorced or separated _	widowed
Number of Household Members: List Below the	e people	in the <u>student's</u>	s household.	
Full Name of ALL family members (including those receiving at least 50 % of support from you)*	Age	Relationship to student		Name of college/university (must be enrolled at least half- time)**
		Self		Stevenson University
*Include the student's spouse, if the student is **Please include information about any house or certificate program at an eligible postsecon Include the name of the college. Certifications and Signatures:	hold mei	mber who is, or		
Signing below certifies that all of the information	on report	ted is complete	and correct.	
Student's Original Signature			Date	

Do not mail this worksheet to the U.S. Dept. of Education. Submit this worksheet to the Stevenson Financial Aid Office.