

→ Click <u>here</u> if you'd like to complete this form electronically using DocuSign. ←

Name: _____

ID#:

A. STUDENT'S FAMILY SIZE

- Include YOURSELF (student),
- Include **YOUR SPOUSE**, if you are married.
- Include YOUR CHILDREN, YOUR SPOUSE'S CHILDREN, or OTHER DEPENDENTS if:
 - \circ $\;$ They live with you and your spouse.
 - \circ They receive more than half of their support from you and your spouse.
 - They will continue to receive more than half of their support from you and your spouse between July 1, 2024 and June 30, 2025.
- Include other children/dependents even if temporarily absent from the household (e.g. illness, education, military service, etc.).

The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the student could claim as a dependent on a U.S. tax return if the student were to file a U.S tax return at the time of completing the 2024-2025 FAFSA. As a result, the student should not include any unborn children in the family size.

Full Name	Age	Relationship
		Self

COMPLETE EACH SECTION FOR ALL NAMES LISTED

Continued on next page

Black Hawk College Financial Aid Office, 6600 34th Avenue, Moline, IL 61265 Phone: 309-796-5400 Fax: 309-796-5447 Email: <u>finaid@bhc.edu</u>

Black Hawk College does not discriminate on the basis of race, color, national origin, sex, disability, or age.

Β. **CERTIFICATION & SIGNATURES**

WARNING: If you purposely give false or misleading information on this worksheet, 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 2024-2025 FAFSA must sign and date.

TYPED SIGNATURES WILL NOT BE ACCEPTED.

Student Signature _____ Date _____

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