THE CATHOLIC **UNIVERSITY** OF AMERICA Office of Student Financial Assistance

Parent Signature

DEPENDENT

HOUSEHOLD SIZE CLARIFICATION WORKSHEET

2022 2024

nt(s), and only those individuals for whom your parent will provide more than half of their sup ng July 1, 2023 through June 30, 2024. Only include college names for those people other than you that will be attending college at least half-time between July 1, 2023 and June 30, 2024. Please fee				2023 - 2024	
Student Signature Mote: Signature must be handwritten.	Name:		ID:_		
Full Name Age Relationship College Self Self Student Signature More: Signature must be handwritten.	nt(s), <u>and only those individ</u> ng July 1, 2023 through June	uals for whon e 30, 2024. Or	your parent will p nly include college r	provide more than half of their supp names for those people other than your	
Student Signature Mote: Signature must be handwritten.	bmit a letter or use the back o	ge at least nair f this form to o	clarify any informat	ion you provide.	
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			Self		
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	Student Signature Comput	ter fonts not acceptable		Date	
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USE ONE OF THE FOLLOWING METHODS TO RETURN THIS FORM:

Computer fonts not acceptable.

COL OTTE OF THE COLEOWING WILLIAM	DO TO REEL	TELL TELLS
MAIL or IN-PERSON	FAX	EMAIL
The Catholic University of America 620 Michigan Avenue NE, M300 Father O'Connell Hall Washington, D.C. 20064	202-319-5573	cua-faforms@cua.edu

Date