

2008-2009
GEORGIA SOUTHERN UNIVERSITY
DEPARTMENT OF FINANCIAL AID
INDEPENDENT HOUSEHOLD SIZE CERTIFICATION



Student: _____ **EAGLE ID NO:** _____

Fill in the information about the people you (and your spouse) will support between July 1, 2008 and June 30, 2009. **Always include yourself and your spouse, if married. Include your (and your spouse's) dependent children if they receive more than half of their support from you.** Include other people only if they now live with and received more than half of their support from you, and will continue to receive this support between July 1, 2008 and June 30, 2009. Incomplete, or unsigned forms, *will* be returned to you.

FULL NAME OF FAMILY MEMBER	AGE	RELATIONSHIP TO STUDENT APPLICANT
1) Student _____	XX	Self
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____

Attach a separate sheet if you need additional space for family members.

 Student's Signature

 Spouse's Signature (If Applicable)

Return Form Directly to:
Georgia Southern University
Department of Financial Aid
Post Office Box 8065
Statesboro, GA 30460
(912) 478-5413 FAX (912) 478-7418