

STUDENT INFORMATION

Student Name _____

Banner ID + _____

List below the people in your household. Include:

- Yourself.
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2014, through June 30, 2015, or if the child would be required to provide your information if they were completing a FAFSA for 2014–2015. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2015.

Include the name of the college for any household member who will be enrolled at least half time, in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2014 and June 30, 2015.

If more space is needed, attach a separate page with your name and Banner ID Number at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time?
		Self	Miami University	

Please indicate below your marital status at the time the 2014-2015 FAFSA was **originally** filed:

____ Married/Remarried ____ Single ____ Separated ____ Divorced ____ Widowed

Month and year you were married, separated, divorced, or widowed _____.

CERTIFICATION: I certify that all the information reported to qualify for federal student aid is complete and correct

Student Signature (required)

Date

For office use only: