



Office of Financial Aid
12401 SE 320th Street | Auburn, WA 98092
253-833-9111 (2449) | FAX 253-288-3473
finaid@greenriver.edu

HOUSEHOLD SIZE CONFIRMATION – DEPENDENT

Date: _____

Student Name: _____ SID: _____

From: Financial Aid Office

Re: 2017 - 2018 Financial Aid File Review

Thank you for submitting your application for financial aid for the 2017-2018 academic year. In reviewing your file, you did not complete the list of members in your parents' household.

Please provide the following information:

Household information (list yourself, your parents, and anyone else your parents will provide more than half of their support from July 1, 2017 through June 30, 2018).

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)			
		<i>Self</i>	<i>Green River College</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please provide this information as soon as possible so that we can continue our review of your application. The processing of your application is on hold until this document is received.

Please contact the Financial Aid office if you have any questions at 253-833-9111 ext. 2449.

Student's signature

Date

Parent's signature

Date