

2023-2024 Verification of Family Members for A Dependent Student FAM-D

Please complete, sign and return to the Evergreen Financial Aid Office as soon as possible.

Full Name:		Phone:		Evergreen ID:		
Mailing Address:			City:	Sa	ate:	ZIP:
List below the people in your Parent(s) whose infor remarried, list your st Your parent(s) childre 2024, or if the childre 2023-2024. Other people if they licontinue to provide m	mation is pepparent. In if they we would be	provided on your FAI If your parents are u ill provide more that e required to provide our parent(s) and you	inmarried and living in half of their suppo their information if ir parent(s) provide r	together, rt from Ju they werd more than	list both p ly 1, 2023, e completi	arents. through June 30, ng a FAFSA for
Your Name:		Date of Birth		College Attending in 2023-2024		
Parent(s) name			Relationship to stu	dent		
			Parent			
		Parent or Step-parent				
Other family members in hou	sehold (se	e details above) If m	ore space is needed,	attach a s	separate p	age.
Full Name Date of		Birth	Relationship to student		College Attending in 2023-2024	
I certify that all of the informa	l ation on th	is form is true and co	omplete to the best	of my kno	l wledge.	
Student's Signature:					_ Date:	
Parent's Signature:					Date:	