HOUSEHOLD SIZE WORKSHEET
2016-2017

Student’s Name (please print) ____________________________________________________________

H-SC ID# (if not known, refer to Award Letter, top of page 2) ____________________________

Parent’s Name (please print) __________________________________________________________

The information you provide below will be used to verify the information provided on the FAFSA form. If there are differences, our office will submit corrections to your FAFSA electronically.

List the people in your parents’ household, including:
 yourself and your parent(s), including stepparent, even if you don’t live with your parents, and
 your parents’ other children even if they don’t live with your parent(s), if:
   a) your parents will provide more than half of their support from July 1, 2016 through June 30, 2017, OR
   b) the children would be required to provide parental information when applying for Federal Student Aid, and
 other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2016 through June 30, 2017.
 If anyone you listed will be attending a college or university at least half-time and will be working towards a degree or certificate program, list the college or university he/she will be attending.
 Parents cannot be counted in the number in college reported on the FAFSA.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Enter name of College if he/she will enroll at least half-time in a degree, diploma or certificate program at a post-secondary educational institution any time between July 1, 2016 and June 30, 2017.</th>
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</thead>
<tbody>
<tr>
<td>Missy Jones (example)</td>
<td>20</td>
<td>Sister</td>
<td>Central University</td>
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<td></td>
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<td>Self</td>
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</table>

If you purposely give false or misleading information on this worksheet, you may receive a fine, a prison sentence, or both. The student and at least one parent must sign below.

By signing below, we certify all information reported on this worksheet is complete and correct.

_________________________________________________  ____________________________________________
Student Signature                                           Date                                           Parent Signature  Date

RETURN THIS COMPLETED FORM TO:
Hampden-Sydney College
Financial Aid Office
P. O. Box 726
Hampden-Sydney, VA 23943-0726
Fax: 434-223-6075
Email: hsfinaid@hsc.edu