VRHS24



WAYNE STATE UNIVERSITY | Office of Student Financial Aid

The Welcome Center • 42 West Warren • P.O. Box 2340 • Detroit, MI 48202-0340 • Fax: 313-577-6648 studentservice@wayne.edu • Wayne.edu/financial-aid • Check your aid status at academica.wayne.edu

2023-24 Household Size & Number in College - Independent Student

Student's First Name Student's Last Name				9-digit WSU Student ID #	
			Phone Number		
	Please comp	lete and submit this	form to the	Office of Student Fin	nfirming that the information you ancial Aid within 14 business days. rms/verification.
UMBER OF HOUSEH	OLD ME	MBERS:			
 Yourself, and Your spouse Your or your half of their su Other people 	, if you are r spouse's oupport from a	children, even if the July 1, 2023 through live with you and y	y do not liv n June 30, i	2024; and spouse will prov	or your spouse will provide more than ide more than half of their support 3 through June 30, 2024
lames of siblings and other lousehold Members: Self, Spouso nd Others Supported (See above	e, AGE	Relationship to you, the student (i.e., spouse, child)	Will be enrolled in a college/ university degree program at least half-time in 2023-24 (6 undergraduate credits) July 1, 2023 - June 30, 2024		Name of College or University
		SELF	Yes	No	WAYNE STATE UNIVERSITY
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
•	IGNATU	RE: I certify that a	ork submitte	ed to our office.	e sheet. In plete and correct. I understand that ided may result in a change in finance.
Student signature	re (Signature must be handwritten with ink or stylus)				Date