



EMORY UNIVERSITY

2016-2017 Number in College Worksheet

Emory University
Office of Financial Aid
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Atlanta, GA 30322

Phone: 404.727-6039
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Student's Name:	Emory ID (EMPL):
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Email Note: Communications regarding this request will be sent via email to the student's email address marked as preferred in OPUS.	Last 4 Digits of Student SSN (if ID Number Unknown): XXX - XX - _____
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DEPENDENT STUDENT INSTRUCTIONS: List below the people in your parent(s)' household who are attending college. Include:

- Yourself and
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016-2017. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.
- **Do not** include parents attending college.
- Provide the name of the student, their age, the name of the college, and level of study for those students attending at least half-time (6 semester hours) in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2016, and June 30, 2017. Also, indicate "Yes" in the last column if they are enrolled on at least a half-time basis.

INDEPENDENT STUDENT INSTRUCTIONS: List below the people in your household who are attending college. Include:

- Yourself and
- Your spouse (if you are married)
- Your children, if any, if you will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the child would be required to provide your information when completing a FAFSA for 2016-2017. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with your and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.
- Provide the name of the student, their age, the name of the college, and level of study for those students attending at least half-time (6 semester hours) in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2016, and June 30, 2017. Also, indicate "Yes" in the last column if they are enrolled on at least a half-time basis.

If more space is needed, attached a separate page with the student's name and EMPL ID (or the last four digits of the Social Security Number) at the top.

Certification Statement

Each person signing below certifies that all of the information reported is complete and correct. If dependent, the student and one parent must sign and date. If independent, the student must sign and date, and the spouse signature is optional. Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature _____ Date _____

Parent/Spouse Signature _____ Date _____

Full Name	Age	Name of the College Attending	Undergraduate/ Graduate	Will be Enrolled at Least Half-Time
<i>Marty Jones (example)</i>	<i>18</i>	<i>Central University</i>	<i>Undergraduate</i>	<i>Yes</i>