

# Dickinson College Financial Aid Office

## Family Grid

Please complete this family grid and return it to Dickinson College's Financial Aid Office as soon as possible. Include:

- ✓ The parent(s) with whom you **live**;
- ✓ your parents' other children, even if they don't live with your parent(s), if your parent(s) will provide more than half of their support from 07/01/2018 - 06/30/2019 or the children would be required to provide parental information when applying for Federal Student aid;
- ✓ other people if they 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 07/01/2018 - 06/30/2019.

Full names Of family members	* Use codes from below	Age (Required) Use whole numbers	Claimed by parents as tax exemption in 2016	<u>2017-18 School Year</u>				<u>2018-19 School Year</u>		
				Name of School	Year in school	Scholarships and Grants	Parent's Contribution	Attend college Full or Half time in Degree or Certificate Program?	* * Type	Name of School
<u>You the student applicant</u>										
						\$	\$			
						\$	\$			
						\$	\$			
						\$	\$			
						\$	\$			
						\$	\$			

\* 1 = Student's parent; 2 = Student's stepparent; 3 = Student's brother or sister; 4 = Student's husband or wife; 5 = Student's child/stepchild; 6 = Student's grandparent; 7 = Student's stepbrother or stepsister; 8 = Other

\*\* 1 = 2yr. public college; 2 = 2 yr. private college; 3 = 4 yr. public college; 4 = 4 yr. private college; 5 = graduate/professional school; 6 = proprietary school

Please print and sign this form.

Parent Signature \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student ID # \_\_\_\_\_

Return completed form to:

Dickinson College - Financial Aid Office - Box 1773 - Carlisle, PA 17013-2896; or fax (717) 245-1972