2023-2024 Household Size/ **Number in College Form**



Office of Scholarships and **Financial Assistance**

800 University Drive Maryville, MO 64468 finaid@nwmissouri.edu

Office: 660-562-1363 Fax: 660-562-1674 Toll Free: 800-633-1175

Student information

Last name	First name	Middle initial	Northwest 919 number
Address	City	State ZIP	Phone Number
Household informatio	n:		
Your parent's children <u>if</u> they 30, 2024 or they would be re Other people, <u>if</u> they now live will continue to do so from Jundependent students, list the Yourself Your Spouse, <u>if</u> you are man Your children, <u>if</u> you provide	ou live with (do not preceive more that equired to provide to with your parents ally 1, 2023 through people in your horied (even if you with you, you provide with your with you.	t include a parent not living in he half of their support from your parental information when apply s, they receive more than half of h June 30, 2024 ousehold, including: vere not married in 2021) their support from July 1, 2023	ousehold due to separation or divorce) r parents from July 1, 2023 through June ring for federal financial assistance f their support from your parents, and through June 30, 2024 ort, and your support will continue from
ull name of household member	Date of Birth (mm/dd/yyyy)	Relationship to student (father, mother, brother, sister, etc.)	Name of college (if enrolled at least half-time in 2023-2024. Parents or dual enrolled high school students should not include their college
		Self	Northwest Missouri State University
Certification statement By signing, I certify that all inform	nation reported is o	complete and accurate.	
Student Signature (required)	Date	Parent Signature (required	for dependent students) Date