Student First Name:

FINANCIAL AID OFFICE



2019-20 Household Information (Dependent Students)

Student Name	dent Name			NET ID	
 Parent Information If your parents are married to each ot If your legal parents are separated or If your legal parent has remarried, list 	divorced,	list only the parent whos	e information you provided or		
Parent Full Name			Relationship to Student		
Cther Household Memb List your parent(s)' other children, if 2020, OR if the other children would siblings in a graduate or professiona Other people if they now live with y do so from July 1, 2019-June 30, 202	your par I be requ I degree our parer	ired to provide parental program. nt(s) and your parent(s)	information on their 2019-20 provide more than half of the	FAFSA. Do not include eir support and will continue to	
Family Member Full Name	Age	Relationship to Student	Name of College	Will be Enrolled at Least Hal Time in a degree program? (YES or NO)	
Other Information					
Tuition for younger siblings in K-12 private school for the 2019 Please list the amount you will pay out of pocket AFTER schola					
Signatures By signing this form, I affirm that all information knowledge. If requested, I agree to provide dany false statements or misrepresentation in may be subject to a fine, imprisonment or be	ocumento nay be cat	ation to support the informuse for denial, reduction,	nation I have provided on this fo withdrawal, and/or repayment	orm. I understand that	
Student Signature			Date		
Parent Signature			Date		

P: 402-280-2731 OR 1-800-282-5835 F: 402-280-2895 E: FINAID@CREIGHTON.EDU HTTPS://JAYDROP.CREIGHTON.EDU/FILEDROP/FINANCIALAID

CREIGHTON UNIVERSITY | 2500 CALIFORNIA PLAZA | HARPER CENTER 1100 | OMAHA, NE 68178