

## **LOUISIANA TECH UNIVERSITY**

## Office of Financial Aid

Verification of Household Size / Number in College 2023 - 2024

Please return this completed form to: Louisiana Tech University Office of Financial Aid PO Box 7925 Ruston, LA 71272

Date:

## **Dependent Student**

| On the FAFSA, you were asked to report the number of people in your parent's household and the number of          |
|---|
| them who will be attending a post-secondary education institution at least half-time between July 1, 2023 and     |
| June 30, 2024, and will be enrolled in a degree, diploma, or certificate program. On your Verification Worksheet, |
| the number you listed for family members and/or members attending college is conflicting. Since there is a dis-   |
| crepancy, we need you to complete the information below by bringing these numbers up-to-date.                     |

| June 30, 2024, and will be enrolled in a degree, diploma, or certificate program. On your Verification Workshee the number you listed for family members and/or members attending college is conflicting. Since there is a discrepancy, we need you to complete the information below by bringing these numbers up-to-date.   |               |                         |                           |                   |  |
|---|---------------|-------------------------|---------------------------|-------------------|--|
|   |               |                         |                           |                   |  |
| STUDENT'S Last Name   | First Name MI |                         | STUDENT'S CWID or SSN     |                   |  |
| List the people in your parent's household that your parents will provide <b>more than 50% of their support from July 1, 2023 through June 30, 2024</b> (include your parent(s). Include names, ages, relationship, college, and college location. Only include college if the person will be attending college at least half-time between July 1, 2023 and June 30, 2024 and will be enrolled in a degree, diploma, or certificate program. <i>If you need more space, attach a separate page.</i> |               |                         |                           |                   |  |
| Full Name   | A             | Dalatianahin ta Student | Callana / City            | Will be enrolled  |  |
| Full Name   | Age           | Relationship to Student | College / City            | at least 1/2 time |  |
|   |               | Self                    | Louisiana Tech University |                   |  |
|   |               |                         |                           |                   |  |
|   |               |                         |                           |                   |  |
|   |               |                         |                           |                   |  |
|   |               |                         |                           |                   |  |
|   |               |                         |                           |                   |  |
|   |               |                         |                           |                   |  |
|   |               |                         |                           |                   |  |
|   |               |                         |                           |                   |  |
| Certification:  By signing this form, I (we) certify that all the information reported to qualify for Federal Financial Aid is complete and correct. This verification documentation supersedes any previous forms completed.   |               |                         |                           |                   |  |
| Student Signature:  | Date:         |                         |                           |                   |  |

**Parent Signature:**