Household Size Form

On the bottom of this form, please list all the members in your household and the post-secondary institution if they attend on at least a half-time basis. Include yourself (student) and any person for whom either you or your parents provide at least one-half of their support.

NOTE: If you are an INDEPENDENT STUDENT only list yourself, spouse, and any person(s) for whom you will provide more than one-half of their support from July 1, 2015 through June 30, 2016.

NOTE: If you are a DEPENDENT STUDENT only list yourself, your parent(s) and any person(s) for whom your parents will provide more than one-half of their support from July 1, 2015 through June 30, 2016.

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>RELATIONSHIP TO STUDENT</th>
<th>POST-SECONDARY INSTITUTION</th>
</tr>
</thead>
</table>

STUDENT’S SIGNATURE______________________________________DATE________________

SPOUSE’S SIGNATURE________________________________________DATE________________

PARENT’S SIGNATURE________________________________________DATE________________

Please return this form to:

Financial Aid Office
Bucks County Community College
275 Swamp Road
Newtown PA 18940
215 968 8200   Fax 215 504 8522
Email finaid@bucks.edu

FA15CHHS