CHAMPLAIN COLLEGE

STUDENT INFORMATION (PLEASE PRINT)

OFFICE OF FINANCIAL AID 163 South Willard Street

PO Box 670
Burlington, Vermont
05402
P 802.860.2777
F 802.860.2775

www.champlain.edu

2023-24 HOUSEHOLD SIZE CORRECTION FORM

The household information on your FAFSA conflicts with the information you reported on your verification worksheet. Please complete the following form to resolve the conflicting information previously reported.

| LAST NAME FIRST NAME | | | CHAMPLAIN COLLEGE ID N | NUMBER | |
|---|---------------------|------------------------------|---|---|--|
| | | | | | |
| ADDRESS | | | DATE OF BIRTH | | |
| CITY STATE | | ZIPCODE | TELEPHONE NUMBER (INCI | TELEPHONE NUMBER (INCLUDE AREA CODE) | |
| HOUSEHOLD INFORMATION | | | | | |
| Dependent Student's Family Information | | | Independent Student's Family Information | | |
| List below the people in your parent(s) household, in • Yourself and your parent(s) (including stepparent) | | ive with your | List below the people in your household, inc | clude: | |
| parent(s), | | | Yourself. | | |
| • Your parent(s)' other children, if your parent(s) will provide more than half | | | Your spouse, if you are married. | | |
| of their support from July 1, 2023, through June 30, 2024, or if the other | | | \bullet Your children, if any, if you will provide more than half of their support from July 1, | | |
| children would be required to provide parental information if they were | | | 2023 through June 30, 2024, or if the child would be required to provide your | | |
| completing a FAFSA for 2023-2024 include children that meet either of these | | | information if they were completing a FAFSA for 2023–2024. Include children who meet | | |
| standards, even if they do not live with your parent(s). | | | either of these standards, even if they do not live with you. | | |
| • Other people if they now live with your parent(s) and only if your | | | Other people if they now live with you and only if you provide more than half of | | |
| parent(s) provide more than half of their support and will continue | | | their support and will continue to provide more than half of their support | | |
| to provide more than half of their support the | ough June 30, 20 | 024. | through June 30, 2024. | | |
| Include the name of the college for any household me | mber who will be | attending, at least half tin | ne in a degree, diploma or certificate program at | a postsecondary educational institution | |
| between July 1, 2023 and June 30, 2024. Attach anoth | er page if more spa | ce is required. | <u> </u> | | |
| Full Name | Age | Relationship | College | Enrolled at Least Half Time (Yes or No) | |
| | | Self | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| STUDENT'S SIGNATURE | | | DATE | | |

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be

sentenced to jail, or both.