

FAMILY INFORMATION FORM

Date form completed
____/____/20____

Parent Information

| | | | | | |
|--|---|---|---|--|--------------------|
| FSA ID: https://studentaid.gov | | FSA ID Password: <i>(Case Sensitive)</i> | | FSA ID Email Address: | |
| CUSTODIAL PARENT(S) NAME(S) (Last, First, MI) | | FSA ID(√) | Social Security Number | Birth Date (MM/DD/YY) | |
| Father | | | | / / | |
| Mother | | | | / / | |
| Street Address | | | | | |
| City | | State | <input type="checkbox"/> Legal Residence? | Zip | Years at Residence |
| Telephone: Home () | | Work () Cell () | | | |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed | | | Email Address(es): | | |
| MM/YY of Marriage/Divorce: ____/____ | | | | | |
| Father Employer Name _____ # of Years ____ Position ____ | | Mother Employer Name _____ # of Years ____ Position ____ | | Parent highest level of education: Mother _____ Father _____ | |
| Number of family members in Household: _____ College: _____ | Of those in college how many are parents: _____ | Sibling/Family Member Information <i>(continue in Additional Information, pg 2, if needed)</i> | | | |
| | | Name(s) | Birth Date(s) | Current School(s)/Grade | |
| | | _____ | ____/____/____ | _____ | |
| | | _____ | ____/____/____ | _____ | |
| How did you hear about Garretson Financial? | | Please make us aware of any special circumstances (illness, loss of income, severance, etc.). | | | |

Student Information

| | | | | | |
|--|--|--|--|------------------------------|--|
| FSA ID: https://studentaid.gov | | FSA ID Password: <i>(Case Sensitive)</i> | | FSA ID Email Address: | |
| College Board User ID: www.CollegeBoard.com | | | College Board Password <i>(Case Sensitive)</i> | | |
| Student Name (Last, First, MI) | | Social Security Number | M / F | Birth Date (MM/DD/YY) | |
| | | | | / / | |
| Street Address | | | | | |
| City | | State | <input type="checkbox"/> Legal Residence? | Zip | Marital Status: <input type="checkbox"/> Sin <input type="checkbox"/> Married Date: <input type="checkbox"/> Div <input type="checkbox"/> Separated <input type="checkbox"/> Widowed |
| Telephone: Home () | | E-Mail: | | | |
| Date of High School Graduation: ____/____ | | Name of High School | | | |
| Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Eligible: # _____ <input type="checkbox"/> Neither | | High School City/State | | | |
| Driver's License Number: <i>(Required for in-state aid application.)</i> | | D/L State: | MALE students must register for Selective Service to receive Federal Aid. Please indicate if you allow us to | | <input type="checkbox"/> Register Student for Selective Service |
| <i>If applicable, please provide information for Non-Custodial Parent (required for CSS Profile only):</i> | | | | | |
| Name | | Address | | Email | |
| _____ | | _____ | | _____ | |
| _____ | | City, ST, Zip | | _____ | |

For Office Use Only:

Name _____

_____ Exp ____/____

PLEASE COMPLETE
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