



# TOCCOA FALLS COLLEGE

## Office of Financial Aid

107 Kincaid Dr MSC 900 Toccoa Falls, GA 30598

**Email:** [finaid@tfc.edu](mailto:finaid@tfc.edu); **Phone:** (706) 886-7299, ext. 5435; **Fax:** 706-282-6041

### Dependent Student Household Members and Number in College

Student's Last Name

Student's First Name

Student's DOB

#### Number of Household Members

List below the people in the student's household. Include:

- The student
- The parents (including a stepparent) even if the student doesn't live with the parents
- The parents' other children (if the parents will provide more than half of their support from July 1, 2020 through June 30, 2021 or if that child would be required to provide parent information if they were completing a 20-21 FAFSA)
- Other people (if they now live with the parents and the parents provide more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2021)

#### Number in College

Include in the space below information about any household member who is, or will be, enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2020 and June 30, 2021.

If more space is needed, provide a separate page with the student's name and date of birth at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
		<i>Self</i>	<i>Toccoa Falls College</i>	

Student's Signature

Date

Student's Name (Please Print)

Parent's Signature

Date

Parent's Name (Please Print)

Submit this form to:

**Office of Financial Aid**

**107 Kincaid Drive MSC 900**

**Toccoa Falls, GA 30598**

**[finaid@tfc.edu](mailto:finaid@tfc.edu) • 706-886-7299, ext. 5435 • 706-282-6041 (Fax)**