



TOCCOA FALLS COLLEGE

Office of Financial Aid

107 Kincaid Dr MSC 900 Toccoa Falls, GA 30598

Email: 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 parent's household. Include:

- The student
- The parents even if the student doesn't live with the parents (including a stepparent)
- The parents' other children (if the parents will provide more than half of their support from July 1, 2023 through June 30, 2024 or if that child would be required to provide parent information if they were completing a 2023-2024 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, 2024)

If any household member 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, 2023 and June 30, 2024, please also provide that information in the spaces provided.

If more space is needed, provide a separate page with the student's name and date of birth at the top. *Please be sure to list ALL household members in the table below regardless of enrollment status.*

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 • 706-886-7299, ext. 5435 • 706-282-6041 (Fax)