

2027-2028 HOUSEHOLD INFORMATION FORM

STUDENT NAME

LAWRENCE ID OR BIRTHDATE

A. STUDENT'S FAMILY INFORMATION

1) List Your Parent(s) Reported on the 2027-28 FAFSA.

If your biological/adoptive parents are not married to each other, your **parent** on the FAFSA is determined by who provided **more financial support during the past 12 months**. If this parent is remarried, include your stepparent.

PARENT NAME	AGE	RELATION TO STUDENT
		☐ Parent ☐ Step-Parent
		☐ Parent ☐ Step-Parent

2) List Your Siblings and/or Others Supported by Your Parent(s).

Include **Siblings** if they meet the following criteria:

- 3) Your Parent(s) listed above will provide more than half of their support between July 1, 2027, and June 30, 2028.
AND
- 4) They live with your Parent(s) OR they live apart from your Parent(s) because of college enrollment

Include **Others** if they meet the following criteria:

- Your Parent(s) listed above will provide more than half of their support between July 1, 2027, and June 30, 20278
AND
- They live with your Parent(s)

NAME	AGE	RELATIONSHIP TO STUDENT	ENROLLED IN COLLEGE FOR 2027-28 ACADEMIC YEAR?		
		☐ Sibling ☐ Other	☐ No	☐ Half-Time	☐ Full-Time
		☐ Sibling ☐ Other	☐ No	☐ Half-Time	☐ Full-Time
		☐ Sibling ☐ Other	☐ No	☐ Half-Time	☐ Full-Time
		☐ Sibling ☐ Other	☐ No	☐ Half-Time	☐ Full-Time
		☐ Sibling ☐ Other	☐ No	☐ Half-Time	☐ Full-Time
		☐ Sibling ☐ Other	☐ No	☐ Half-Time	☐ Full-Time

B. CERTIFICATION AND SIGNATURES

By signing this form, we certify that all information on this application is complete and correct.

Both student and parent handwritten signatures are required.

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

Return completed form to the Lawrence University Financial Aid Office.

Secure Upload	Email	Fax	Mail
lawrence.leapfile.net	financial.aid@lawrence.edu	(920) 832-6582	Financial Aid Office Lawrence University 711 E Boldt Way Appleton, WI 54911