



Financial Aid Office  
16101 Greenwood Avenue N  
Shoreline, WA 98133  
financialaid@shoreline.edu

Student Name: \_\_\_\_\_

Student ctcLink ID: \_\_\_\_\_

### 2023-2024 Verifying Household Size and Family Members in College

The family member information you provided on your financial aid application is inconsistent or conflicting with other information in your application. Please list your family members below and include this information: full name, age, relationship; for example, wife or son. Family members are parents, spouse, children or other people if they currently live with you and over half their support was provided by the family from July 1, 2023 to June 30, 2024 Return this letter with the requested information to this office. If you are a dependent student and living outside of your parent’s home you must still list your parent(s) on this form.

Name	Age	Relationship	College
		Self	Shoreline Community College

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

Financial Aid Services | 16101 Greenwood Avenue North, Shoreline WA 98133 | Email: financialaid@shoreline.edu | Fax: (206) 533-6609 Shoreline Community College provides equal opportunity in education and employment and does not allow discrimination or harassment on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal.

Updated 4/18/2023