



Student's name _____ Valpo ID # _____

A. Parent Information (If you are Independent according to Step Three of the FAFSA, please only complete the family information in section E of this worksheet.)

Parent's marital status:

- My parents are married to each other: **Answer questions below about both parents.**
- My custodial parent is single (or divorced/widowed and not remarried): **Answer questions below about this parent only.**
- My parents are separated and living apart: **Answer questions below about your custodial parent.**
- My custodial parent is remarried: **Answer questions below about custodial parent and step parent.**

The custodial parent is the parent you lived with most during the 12 months prior to filing the FAFSA.

Father (custodial)/ Step-father information

Check box only if you DO NOT want your financial aid discussed with this parent.

Full name _____ Date of Birth _____

E-mail _____ SSN _____

Day time or cell phone number _____ (SSN needed if omitted from the FAFSA)

check if this parent is enrolled in school. This is not reflected on the FAFSA, but you may complete our Special Circumstance Form.

Mother (custodial)/ Step-mother information

Check box only if you DO NOT want your financial aid discussed with this parent.

Full name _____ Date of Birth _____

E-mail _____ SSN _____

Day time or cell phone number _____ (SSN needed if omitted from the FAFSA)

Check if this parent is enrolled in school. This can not be reflected on the FAFSA, but you may complete our Special Circumstance Form.

B. Sibling information

Complete the information below for all your siblings who will be living with your parents, listed above, between July 1, 2012 and June 30, 2013. (Also, include those who are dependents of your parents and living away at school.)

| Name | Date of Birth | Relationship to student | Name of school attending | Type of school (High school, undergrad, grad) | Grade level / Year in school | Full-time (FT) Half-time (HT) Part-time (PT) |
|------|---------------|-------------------------|--------------------------|---|------------------------------|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

C. Other family members

Please list other people, not included else where on this form, who will be living in your (custodial) parent’s household between July 1, 2012 and June 30, 2013, and for whom your parents provide more than 50% of their support.

| Name | Age | Relationship to student |
|-------|-------|-------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

D. Non-custodial parent / family information

(If parents are divorced or separated, please complete non-custodial parent information below)

Father/Step-father information Check box only if you WILL ALLOW us to discuss your financial aid with this parent.

Full name _____ Date of Birth _____

E-mail _____ Day time or cell phone number _____

Mother/Step-mother information Check box only if you WILL ALLOW us to discuss your financial aid with this parent.

Full name _____ Date of Birth _____

E-mail _____ Day time or cell phone number _____

Please list information for other children that live with your non-custodial parent(s)

Check here, if your custodial (step) parent pays child support for (some of) these children.

| Name | Age | Type of school attending | Year in school |
|-------|-------|--------------------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

E. Family Information (for students who are Independent according to Step Three of the FAFSA)

I am single

I am married. Spouse’s name _____ Date of marriage _____
Is your spouse enrolled in college at least half-time Yes No

Please list children or other persons living with you for whom you provide more than half their support.

| Name | Age | Relationship to you | Type school attending | Year in school |
|-------|-------|---------------------|-----------------------|----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Student Signature _____ Date _____

Parent Signature _____ Date _____
(required for Dependent students)

Please return completed form to:
Kretzmann Hall - Office of Financial Aid
Valparaiso University
1700 Chapel Drive
Valparaiso, IN 46383
Or fax to: 219.464.5012