

Household Size Confirmation

Please Return To:

Office of Financial Assistance

Dropbox https://www1.villanova.edu/villanova/enroll/finaid/forms.html

Student's Name <u>:</u>			Villanova University Student ID Number:			
Parent Completing This Form: Custodial Paren			nt Non	NonCustodial Parent		
The information provided on the household size and/or number					ation related to the	e
In the chart below please inclue Yourself Your parent(s) (including steen Your parent(s)' other depended their support from July 1, 20 Provide college information in degree, diploma, or certificate DO NOT LEAVE ANY SEC	p-paren lent child 23 throus for hous	dren and other hou ugh June 30, 2024 schold members en	sehold members if your rolled at least half-time of	parent(s) will pro		
Full Name	Age	Relationship	Name of College	Undergrad/ Graduate	Full-Time/ Half- Time/Less Than Half-Time	Expected Graduation Date (Month/Year)
Student's Name:		Self	Villanova University			
Student's Signature:				Date:		

Date:_____

Parent's Signature: