

FAMILY INFORMATION FORM

Date form completed
____/____/20____

Parent Information

FSA ID: www.fsaid.ed.gov		FSA ID Password: <i>(Case Sensitive)</i>		FSA ID Email Address:	
CUSTODIAL PARENT(S) NAME(S) (Last, First, MI)		FSA ID(√)	Social Security Number	Birth Date (MM/DD/YY)	
Father				/ /	
Mother				/ /	
Street Address					
City		State	<input type="checkbox"/> Legal Residence?	Zip	Years at Residence
Telephone: Home ()		Work () Cell ()			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			Email Address(es):		
MM/YY of Marriage/Divorce: ____/____					
Father Employer Name _____ # of Years ____ Position ____		Mother Employer Name _____ # of Years ____ Position ____		Parent highest level of education: Mother _____ Father _____	
Number of family members in Household: _____ College: _____		Of those in college how many are parents: _____		Sibling/Family Member Information <i>(continue in Additional Information, pg 2, if needed)</i>	
		Name(s)		Birth Date(s)	
		_____		____/____/____	
		_____		____/____/____	
				Current School(s)/Grade _____	

How did you hear about Garretson Financial?		Please make us aware of any special circumstances (illness, loss of income, severance, etc.).			

Student Information

FSA ID: www.fsaid.ed.gov		FSA ID Password: <i>(Case Sensitive)</i>		FSA ID Email Address:	
College Board User ID: www.CollegeBoard.com			College Board Password <i>(Case Sensitive)</i>		
Student Name (Last, First, MI)		Social Security Number		M / F	Birth Date (MM/DD/YY)
					/ /
Street Address					
City		State	<input type="checkbox"/> Legal Residence?	Zip	Marital Status: <input type="checkbox"/> Sin <input type="checkbox"/> Married Date: <input type="checkbox"/> Div <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Telephone: Home ()		E-Mail:			
Date of High School Graduation: ____/____		Name of High School			
Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Eligible: # _____ <input type="checkbox"/> Neither		High School City/State			
Driver's License Number: <i>(Required for in-state aid application.)</i>		D/L State:	MALE students must register for Selective Service to receive Federal Aid. Please indicate if you allow us to		<input type="checkbox"/> Register Student for Selective Service
<i>If applicable, please provide information for Non-Custodial Parent (required for CSS Profile only):</i>					
Name		Address		Email	
		City, ST, Zip			

For Office Use Only:

Name _____

_____ Exp ____/____

PLEASE COMPLETE
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