

Student Name _____

RCC ID _____

Please provide a list of **all** your eligible FAFSA family members, including name, age, relationship to you, and any college they'll be attending at least half-time in 25/26.

First & Last Name	Age	Relationship to Student	College attending at least half-time (only if applicable)
		Self/Student	

Directions:

- Complete information above and sign this form.
- If the only family members listed above are you, your legal spouse, and/or your child/children, page 2 of this form is not required. Submit this page to Financial Aid Advising.
- If you've listed family members who are not your legal spouse or child/children, provide each of those other individuals with a copy of page 2 of this form with your name and ID number included at the top. Once they have completed the form(s), submit all completed pages to Financial Aid Advising.

Student Certification: *The information provided is true and complete to the best of my knowledge and reflects the most accurate report of my current status and living situation. I also understand that if I purposely give false or misleading information, I may be fined or face penalties.*

Student Signature _____ Date _____

Parent Signature (for Dependent student) _____ Date _____

TO SUBMIT DOCUMENTS: email your FinAid Advisor or come in-person to [Rogue Central](#) for fastest processing. [Find your FinAid Advisor](#) on our website.
Physical copies can be mailed to: 3345 Redwood Hwy | Grants Pass, OR 97527

Student Name _____ RCC ID _____

The student above indicated you are part of their family and their dependent for purposes of financial aid. Please answer the following questions and return this signed document to the student above.

Note: If the dependent family member in question is under 18, their parent or ***court-appointed*** legal guardian* must provide this signed statement.

Statement:

1. Full name of dependent family member _____
2. Do you (dependent) live with the student listed at the top of this form? ___ Yes ___ No
3. Will you (dependent) live with the student listed above July 1, 2025 through June 30, 2026?
___ Yes ___ No
4. What is your (dependent) total monthly income from all sources (including work, child support, Social Security, Disability, Unemployment, contributions from family)? \$ _____
5. Do you (dependent) receive ***more than half*** of your financial support from the student listed above?
___ Yes ___ No

Signature of Family Member _____ Date _____

If dependent is under 18 and you're signing as parent or legal guardian:

Printed Name _____ Relationship to Dependent _____

Signature _____ Date _____

*Please provide copy of court document establishing legal guardianship.