



PAMLICO
COMMUNITY COLLEGE
DISCOVER TOMORROW'S POSSIBILITIES

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2024-2025 Dependent Number in Family

Student Name: _____ Student ID#: _____

List below the people in your household. Include:

- ✓ Yourself
- ✓ Your parents, even if you don't live with your parents (including stepparents). Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- ✓ Your parents' other children if they will provide more than half of their children's support from July 1, 2024 through June 30, 2025, or if the other children would be required to provide parental information if they were completing a FAFSA for 2024-2025. Include all children who meet these standards even if they do not live with your parents.
- ✓ Other people if they now live with your parents and they will provide more than half of their support and will continue to provide more than half of their support through June 30, 2025.

If more space is needed, attach a separate page with your name and student ID at the top of the page.

Full Name	Age	Relationship
		Self

Certification and Signature

By signing this worksheet, I certify that all of the information reported is true and correct. I acknowledge that I am aware that purposely giving false or misleading information in order to obtain financial aid is punishable by a fine, imprisonment, or both.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____