



**PAMLICO**  
COMMUNITY COLLEGE  
DISCOVER TOMORROW'S POSSIBILITIES

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### 2024-2025 Independent Number in Family

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

List below the people in your household. Include:

- ✓ Yourself
- ✓ Your spouse, if you are married
- ✓ Your children if you will provide more than half of their support from July 1, 2024 through June 30, 2025, even if the child doesn't live with you.
- ✓ Other people if they now live with you and you 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: \_\_\_\_\_