Date



801 Campus Drive Garden City, Kansas 67846 www.gcccks.edu

## 2023-2024 Dependent Household Worksheet

Address (include apt no.)				Student ID #  Date of Birth	
"verification". In this proces	ss, we are required by fe n this form. Complete tl	ederal law (	34 CFR, Part 668) to con	y Community College for review in a process called npare the information from your application with o the financial aid office as soon as possible, so that	
from July 1, 2023, through Federal Student Aid  Others in your parent(s) parents and will continu *support includes mone  Write the names, ages, and	ent —even if they don't live igh June 30, 2024, or (b) household—if they now ie to do so from July 1, 2 ey, gifts, loans, housing, lyour relationship to all no will be attending coll	with your parties the children whive with 2023, throut food, cloth thousehold ege at least	parent(s), if (a) your pare en would be required to your parents, they receiv gh June 30, 2024. es, medical/dental care, d members. Also, write thalf time between July	ents will provide <u>more than half</u> of their support provide parental information when applying for we <u>more than half</u> of their support* from your etc. in the name of the college for any family member, 1, 2023, and June 30, 2024, and will be enrolled in	
Full Nar	· -	Age	Relationship	College Attending in 2023-2024	
			Self	Garden City Community College	
SIGN THIS WORKSHEET Warning: If you purpose Student Aid, you may be	ely give false or mis	_		form to help establish eligibility for Federal <u>1</u> .	
Student Signature					

Parent Signature (one parent whose information was provided on FAFSA)