STEPHEN F. AUSTIN
STATE UNIVERSITY
NACOGDOCHES, TEXAS

Office of Financial Aid and Scholarships
SFA Box 13052
Nacogdoches, TX 75962-3052
Phone: (936) 468-2403
Fax: (936) 468-1048
finaid@sfasu.edu

2023-2024 Household Size Worksheet

Student Name _____ Student ID _____

Contact Number _____

We have reviewed your application for financial assistance for the 2023-2024 school year and must clarify the information you submitted.

Please list the names, ages, and relationship (i.e. spouse, mother, father, etc.) of the persons you and/or your spouse/parent(s) will support between July 1, 2023 through June 30, 2024.

Note: Students over the age of 24 and/or graduate students should not be listed unless your parent(s) will continue to provide more than half of their support from July 1, 2023 through June 30, 2024.

Include other people as part of the household only if: they now live in the household, and at least 50% of their support is provided by you/your parents AND that support will continue to be provided from July 1, 2023 through June 30, 2024.

Name of Household Member	Age	Relationship To Student	College or University Attending at least half-time
		SELF	Stephen F. Austin State University

☐ Check this box if there are more than six (6) household members, and continue to list these members on the reverse side.

By signing this form, I (we) certify that all the information reported on this worksheet is complete and correct. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

_____ _____
Student Signature Date Parent Signature (required if dependent) Date

Last Updated December 05, 2022.