

Section C (All students should complete this section)

12. Enter the total amount of your current cash, savings, and checking account balances: \$ _____
13. Enter the total value of your current investments. Include stocks, bonds, mutual funds, money market funds, certificates of deposit, trust funds, etc.: \$ _____
14. Do you expect to receive any employee tuition waivers or benefits from your parents' employer, your employer, or your spouse's (*if married*) employer? Y N
 If yes, please enter amount expected for the 2009–2010 academic year: \$ _____
15. Enter the date that you completed your 2009–2010 FAFSA: _____
MONTH/DAY/YEAR
16. List all members of your household for the period July 1, 2009, through June 30, 2010. Include parents, if their information was reported above in Section B. Do not list yourself. If you are a single independent student with no dependents, skip to Section D.

Full Name of Family Member	Relationship to Student	Age	College Enrollment during 2009–2010		
			Not Enrolled	Full Time	Half Time
1. Student Applicant	XXXXXXXX	XX			
2. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check here if there are more than eight family members. First list those who will attend college.

Section D (Certification)

Everyone whose information is reported on this application should sign below. The student (and at least one parent, if Section B is completed) must sign or the form will be returned.

By signing this application, I certify that all information reported is true and complete to the best of my knowledge.

 Student's Signature

 Student's Spouse's Signature

 Father's/Stepfather's Signature

 Mother's/Stepmother's Signature

 Month/Day/Year

Return this form to:
 Office of Student Financial Aid
 Rhode Island College
 600 Mt. Pleasant Ave.
 Providence, RI 02908-1991



**RHODE ISLAND
 COLLEGE**