

The purpose of this worksheet is to verify that the information reported on your 2023–2024 Free Application for Federal Student Aid (FAFSA) is correct and complete. To do so, we will compare your FAFSA with the information you provide on this worksheet, as well as any other documents requested in conjunction with this form. If differences are found, we will correct your student's FAFSA accordingly. Upon receipt of your completed form, you may be asked for supplemental information; which should be promptly provided to the Office of Financial Aid Services for processing.

A. Student Information

Student's Full Name: _____

Moravian ID: _____

Email Address: _____

Date of Birth: _____

B. Household Members

PLEASE CONSIDER THE FOLLOWING DEFINITIONS BEFORE YOU PROCEED THE CHART

An independent student is one of the following: at least 24 years old, married, a graduate or professional student, a veteran, a member of the armed forces, an orphan, a ward of the court, someone with legal dependents other than a spouse, an emancipated minor or someone who is homeless or at risk of becoming homeless. A dependent student is someone who does not meet any of the criteria for an independent student.

Per FAFSA, if you are an **independent student**, answer below as it applies to your household. Include the name, age, and relationship for the:

- **Student**
- **Student's Spouse (if married)**
- **Others***

*Student's or spouse's children, if the student or spouse will provide more than half of the children's support, or other people if they now live with the student and the student or spouse provides more than half of the other person's support

Per FAFSA, if you are a **dependent student**, answer below as it applies to your parent(s) household. Include the name, age, and relationship for the:

- **Student**
- **Student's Parent(s) as reported on the FAFSA**
- **Others****

**The parents' other children if your parents will provide more than half of the children's support, or other people if they now live with your parents and your parents provide more than half of their support

Report information below as it applies to your household any time between July 1, 2023 and June 30, 2024. In addition to name, age, and relationship to the student, if any household members will be enrolled in a degree, diploma, or certificate program at a postsecondary educational institution at any time between July 1, 2023 and June 30, 2024, please also indicate the name of the college and whether or not the household member will be enrolled at least half time in the last two columns below. If not applicable, please leave the last two columns blank.

Full Name	Age	Relationship to student	Name of College	Will be enrolled at least half time (6 credits)?
<i>Example: John Comenius</i>	<i>18</i>	<i>Brother</i>	<i>Moravian University</i>	<i>Yes</i>
		<i>Self</i>	<i>Moravian University</i>	

If more space is needed, attach a separate page with the student's name and ID Number at the top.

C. Certification and Signatures

By signing below, I hereby certify that the information reported on this form is complete and correct. I understand that by purposefully giving false or misleading information on this worksheet I may be fined, sent to prison, or both.

Student Signature Required (no typed signature permitted)

Date

Parent Signature Required (no typed signature permitted)

Date

RETURN TO THE OFFICE OF FINANCIAL AID SERVICES

Upload: [Xmedius SendSecure](#) (or) AMOS Financial Aid Portal "Documents & Messages"

Mail: 1200 Main Street
Bethlehem, PA 18018

Fax: (610) 861-1346

In-person: 1st floor Colonial Hall