

Part 3. Family Information:

List the persons in your household in the chart below. Include the following:

1. Yourself.
2. Your spouse if you are married.
3. Your children if you will provide more than half of the children's support from July 1, 2024 to June 30, 2025.
4. Other people if they now live with you and you provide more than half of their support and will continue to provide more than half their support from July 1, 2024 to June 30, 2025.

Also, identify the name of the college for any family member who will be attending college between July 1, 2024 and June 30, 2025 and will be enrolled at least half-time (6 or more credits) in a degree or certificate program. If you need more space add a separate page.

First and Last Name*	Age	Relationship	Name of College in 2024-2025**	Enrolled at least 1/2 time
<i>Example: Martha Jones</i>	<i>9</i>	<i>Daughter</i>		
1. (Student):		SELF/student		
2.				
3.				
4.				
5.				
6.				

*Proof of financial support may be requested.

**Proof of enrollment in 2024-2025 may be requested.

Please return this form and all required attachments within two weeks. You may submit forms in person, via fax or scanned documents via email. Please do not submit pictures of documents. Your financial aid WILL NOT be finalized until all verification paperwork is complete.

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

Student Signature

Date

Spouse Signature (optional)

Date

FINANCIAL AID OFFICE USE ONLY

Signature of Financial Aid Staff Member: _____

Date received all documents: _____

Verification completed: _____

Secondary Verification Completed: _____

**Mesalands Community College
Financial Aid Office
911 South Tenth St., Tucumcari, NM 88401
Phone: 575-461-6600 Fax: 575-461-1901**