



EDGEWOOD COLLEGE FINANCIAL AID

(P) 608-663-4300 | (F) 608-663-3495 | ecentral@edgewood.edu | 1000 Edgewood College Dr., Madison, WI 53711

2024-2025 Dependent Household Worksheet

Last Name: _____ First Name: _____ M.I.: _____ Edgewood ID#: _____

Parent Email: _____ Phone Number (include area code): _____

Your financial aid is considered an estimate and will not be applied to your student account until verification has been completed.

A. Family Information

List the people in your parents' household, please include:

- Yourself - even if you live on your own.
- Your parent(s) (including stepparent).
- Your siblings, step siblings, or any other people who live with your parents and your parents will provide more than half of their support from July 1, 2024 through June 30, 2025.
-

Full Name	Age	Relationship	College Name (for any household member attending at least half-time between 7/1/24 and 6/30/25, and will be enrolled in a degree, diploma, or certificate program)
Example: Martha Jones	20	Sister	Edgewood College
		Self	

B. Sign This Worksheet

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

_____ Date _____
Student's Signature

_____ Date _____
Parent's Signature

Verification Deadlines:
For the Pell Grant only, verification materials must be submitted no later than 120 days after the last date of attendance. For all other programs, our office must receive verification materials no later than one week prior to the last date of attendance.