



EDGEWOOD COLLEGE FINANCIAL AID

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

2024-2025 Independent Household Worksheet

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

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

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 household, please include:

- Yourself - even if you live on your own.
- Your spouse.
- Your children, if you will provide more than half of their support from July 1, 2024 through June 30, 2025
- Any other people if they live with you and you provide more than half of their support and will continue to 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	Spouse	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.

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student's Signature

Date

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.

