



Student Financial Aid & Scholarships

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School Code 00108700

Notice of Student Household Size 2016-2017

Student's Name: _____ **CAMS ID:** _____
(Please print) Last First

Arkansas Baptist College needs information from you to process your Financial Aid Award.

Please provide the following information regarding your household size:

People to include in your household size:

- Yourself and your spouse (if married), and
- Your children and your spouse's children, if you will provide more than half of their support from July 1, 2016 through June 30, 2017, and
- 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 of their support from July 1, 2016 through June 30, 2016.
- ALSO include the name of the college for any household member who will be attending college at least half-time between July 1, 2016 and June 30, 2017 AND will be enrolled in a degree, diploma, or certificate program.

Name	Age	Relationship to you	College attending in selected aid year

If you have additional family members please submit a list to the Office of Student Financial Aid and Scholarships in addition to this form. For each person, please list their name, age, relationship to you, and the college they're attending, if applicable.

All the information included is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information I have submitted.

Student's Signature _____ Date: _____

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