



#1050-HC

Verification of Household Composition Step Up For Students

Application # _____

Applicant's Name: _____

It is necessary to identify all members of your household. Please ask a friend, neighbor, pastor, etc. to complete this form. This person must **not** be related to you and **cannot** live with you.

List ALL adults and children (whether or not they are applying for a scholarship) **who live in the same house or apartment as the person named above.** Please indicate their ages and relationship to that person.

	Name	Relationship	Age
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____

The people listed above live at this address: _____
Street Address

Under penalties of perjury, I certify that the information presented is true and accurate to the best of my knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the denial of the scholarship application or revocation of a scholarship award.

Print Name Phone # Date

Address City State Zip

Signature Relationship to Applicant SUFS1050HHCeng.2012