

Office of Financial Aid & Scholarships

2023-2024 STUDENT HOUSEHOLD STATEMENT

Student's Name:			LSU ID: 89		
List the people in your (Please use only black or blue					
 yourself and your sp 	pouse, if appli	cable			
• your children, if you	u will provide	more than half of the	eir support from July 1, 2023 through	June 30, 2024	
			letter from a physician on letterhead ided, the unborn child will be removed		
	nalf of their su		le more than half of their support and 023 through June 30, 2024; and you o		
NOTE: If someone spouse's 2021 or 2022 family members may	2 IRS tax retu	ırn. If you do not file	nember is listed, you should attach e a federal income tax return, no one	a copy of your/your other than immediate	
member, excluding you	ir parent(s), w	ho will be attending	o write in the name of the college for college at least half-time between Jul tificate program. If you need more s	y 1, 2023 and June	
Full name of household member	Age	Relationship to student	Name of college attending during 2023-2024 academic year	Is the individual enrolled in college during the 2023-202 6academic year enrolled at least half-time? Yes or No	
By signing this statement give false or misleading Note: Electronic signa	ng informatio	n on this worksheet	n on this form is complete and corre, you may be fined, be sentenced to ust print to sign.	ct. *If you purposely jail, or both.	
Student's Signature			Date		
Spausa's Signatura			Data		