

Office of Financial Aid

2725 Campus Box Elon, NC 27244 (P) 336-278-7640 (F) 336-278-7639

2024-25 Dependent Household Demographic Worksheet

In the evaluation process, we have identified a household demographic discrepancy. You and at least one parent must complete and sign the worksheet and submit to the Office of Financial Planning. Awarding of financial aid may not

proceed until this discrepancy has bee	en resol	ved.				
Student's Last Name Firs		t Name	MI	Elon University ID Number		
Street Address (include apartment number)				Parent's last name if different from student		
City	State		Zip	Student's email and phone number		
		Household l	Information			
 status or gender: in cases of d Your parent's other depender Other people ONLY if they n parents AND will continue to The name of the college/univ degree at least halftime (6 hor 	nt child now live receiv rersity a urs/sem	ren e with your parents e this support thro attended by househ nester) in 2024-25	s and receive mor ugh June 30, 202 nold members (ex	re than half of the 5 cluding parents)	ir support from your who will be pursuing a	
degree at least halftime (6 hor		Relationship to	Name of Colle	ge/University in	Check here if family	
Parent's Household		Student	2024-25		member is in graduate school (Master's, PhD, Medical, Law, etc.)	
		Self	Elon U	niversity		
By signing this worksheet, I/we cert misleading information is a violatio			nation is complet	e and correct. P	urposely giving false or	
Student (Required)		Date	Parent (Require	<u>d</u>)	Date	