

RADFORD UNIVERSITY

Financial Aid Office · P.O. Box 6905 · Radford, VA 24142
 Phone: (540) 831-5408 · Fax: (540) 831-5138 · finaid@radford.edu

Family Member's Listing Form

Students Name _____ RU ID# _____

Write the names of all family members in the chart below. Include other children/people as part of your family only if they lived with you/your parents and got more than half their support from you/your parents at the time you completed your student aid application-AND- they will continue to get more than half their support from you or your parents from July 1, 2011 through June 30, 2012.

Also write in the name of the college for any family member (with the exception of parents) who will be attending college at least half time between July 1, 2011 and June 30, 2012, and will be enrolled in at least 6 credit hours in at least one term in a degree or certificate program. If you need additional space, attach a separate page.

Full Name of Family Member	Age	Relationship	Will attend college at least half-time in the 2011-2012 school year (do not include parents)		Name of the college this person will attend in 2011-2012	Year in College
			YES	NO		
You		SELF	X		Radford University	

Student's Signature _____

Date _____

Parent's Signature _____

Date _____

Return this form and all documents to: Financial Aid Office, Radford University, Box 6905, Radford, VA 24142.
 FAX: (540) 831-5138