Financial Aid Office

2121 Euclid Avenue, Cleveland, OH 44115 Phone 216-687-5411 Fax 216-687-9247

www.csuohio.edu/financial-aid

Please complete and sign this worksheet. We are comparing the information you wrote on this worksheet to the information you provided on the FAFSA. If the information does not match, changes will be made to the FAFSA.

A. Student Information					
Last Name		First Name			
CSU ID Number		() Phone Nu	ımber		
B. Household Information - List the members	pers of your household.	Attach a	an additional	sheet if r	necessary.
Please include: yourself , your parents/step-paren individuals who live with and rec *Dependent stude	nt (if your parent is rema eive more than half of the ents cannot include parent	eir suppor	t from your pa	rents, now	through June 30, 2024.
First and Last Name	Relationship to Student	Age	Enrolled in at least h (circle	n College alf time one)	College
	Yourself		Yes	No	