



**BOSTON COLLEGE**  
CHESTNUT HILL, MASSACHUSETTS 02467

OFFICE OF STUDENT SERVICES  
LYONS HALL  
(800) 294-0294

Student's Name: \_\_\_\_\_ Eagle ID Number: \_\_\_\_\_

Complete this form only if notified by Student Services that the Family Information section of your 2007-2008 application was incomplete or requires clarification.

In order to continue the review of your application, you and your parents will need to complete the information requested below. The completed and signed form should be returned to:

Boston College Financial Aid Processing Center  
PO Box 489  
Randolph, MA 02368

Fax: (617)552-2288

**FAMILY INFORMATION**

You must include yourself, your parent(s), and your parent(s)' other dependent children (if your parents provide more than half their support), along with others who live in your home if they will receive more than half their support from your parents during the 2007-2008 academic year.

	Name	Age	Relationship	School or college student will attend in 2007-2008	Enrollment status: FT, HT, or less than HT	Undergrad/ Grad and expected Grad date	Amount of non-need based aid awarded, if any
1.							
2.							
3.							
4.							
5.							
6.							

\_\_\_ Check here if there are more than 6 family members and attach additional names to this page.

I/We certify that the information presented is correct and that I/we will send timely notice of any significant change in our family situation.

Student Signature: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
Date: \_\_\_\_\_