



**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 you have been notified by the Office of Student Services that the "Family Information" section of your 2023–2024 financial aid 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. This completed and signed form should be returned to [www.bc.edu/finaidupload](http://www.bc.edu/finaidupload). Detailed instructions, including file limitations, are available under the "Applying for Aid" tab at [www.bc.edu/undergradaid](http://www.bc.edu/undergradaid). Please note that it takes 48–72 hours for your documents to be added to your financial aid file.

**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 2023–2024 academic year.

Name	Age	Relationship	School or college student will attend in 2023–2024	Full-time (FT) or Half-time (HT) Undergraduate (U) or Graduate (G)	Expected Graduation Date	Amount of non-need based aid awarded, if any
1.		Self	Boston College	FT or HT U or G		
2.				FT or HT U or G		
3.				FT or HT U or G		
4.				FT or HT U or G		
5.				FT or HT U or G		
6.				FT or HT U or G		

Check here if there are more than six 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: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_