



BOSTON COLLEGE
CHESTNUT HILL, MASSACHUSETTS 02467

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

Student's Name: _____ Eagle ID Number: _____

In order to continue the review of your application, you and your spouse will need to complete the information requested below. This completed and signed form should be returned to www.bc.edu/finaidupload. Detailed instructions, including file limitations, are available under the "Applying for Aid" tab at www.bc.edu/gradaid. 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 spouse, and dependent children (if you provide more than half their support), along with others who live in your home if they will receive more than half their support from you during the 2024–2025 academic year.

Name	Age	Relationship	School or college student will attend in 2024–2025	Full-time (FT), Half-time (HT), or Less Than Half-time (LHT)	Expected Graduation Date
1.		Self	Boston College	FT HT LHT	
2.				FT HT LHT	
3.				FT HT LHT	
4.				FT HT LHT	
5.				FT HT LHT	
6.				FT HT LHT	

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: _____

Spouse's Signature: _____ Date: _____