



BOSTON COLLEGE
CHESTNUT HILL, MASSACHUSETTS 02467

Student's Name: _____ Eagle ID Number: _____

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. Detailed instructions, including file limitations, are available at www.bc.edu/applyforaid. Please note that it takes 48-72 hours for your documents to be added to your financial aid file.

FAMILY INFORMATION

Family size includes the following:

- The student.
The student's parents, even if the student is not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
The student's siblings if the following are true:
Other persons if the following are true:

Table with 7 columns: Name, Age, Relationship, School or college student will attend in 2025-2026, Full-time (FT) or Half-time (HT) Undergraduate (U) or Graduate (G), Expected Graduation Date, Amount of non-need based aid awarded, if any. Rows 1-6.

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: _____