MACALESTER

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Student Signature

FINANCIAL AID OFFICE

1600 Grand Avenue, St. Paul, Minnesota 55105-1899

PHONE (651) 696-6214 TOLL FREE (800) 231-7974 FAX (651) 696-6866

Date

2024-2025 HOUSEHOLD AND SIBLING ENROLLMENT FORM

Student Name:			Mac	Macalester ID #:			
List all household members, as college or university student college on at least a half-time Include:	nts during 20 <mark>24-</mark> 2	<mark>025</mark> . Un	der "College Atter	nded," indicate (if appli	icable) who v	will enroll in	
 Your custodial parent(s). If Student Aid purposes) is the p parent's current spouse should 	arent who provid	led more	financial support				
 Your custodial parents' deparent(s) or if they would be re 	pendent childre equired to provide	n if they e parent	will receive more al information whe	en applying for Federa	I Student Aid	d.	
 Others only if they will live w July 1, 2024 and June 30, 202 If your biological or adoptive 	5.			•	. , ,		
status).			2024-2025	2024-2025	2024-2025		
Name	Relationship To Student	Age	College Attended (if applicable)	Enrollment Level	Year in College	Degree Sought	
You, the Macalester Student	Self		Macalester	□ Not Applicable □ Full-time □ At least ½ time		☐ Graduate☐ Undergraduate	
				Less than ½ timeNot ApplicableFull-time		□ None □ Graduate	
	_			☐ At least ½ time ☐ Less than ½ time		☐ Undergraduate ☐ None	
				□ Not Applicable □ Full-time □ At least ½ time □ Less than ½ time		☐ Graduate☐ Undergraduate☐ None	
			- <u></u>	□ Not Applicable □ Full-time □ At least ½ time □ Less than ½ time		☐ Graduate ☐ Undergraduate ☐ None	
				□ Not Applicable □ Full-time □ At least ½ time □ Less than ½ time		☐ Graduate☐ Undergraduate☐ None	
				□ Not Applicable			

Parent Signature

Date