# Nueta Hidatsa Sahnish College Tel.: 701.627.8015

# Office of Financial Aid Fax: 701.627.2781

301 College DRIVE [www.nhsc.edu](http://www.nhsc.edu) PO Box 490, New Town, ND 58763

**2021-2022 NHSC Parent Household Size & Number in College Form**

List below all people in the household; include the name of the college for any household member who will be enrolled at least half-time in a degree, diploma, or certificate program at an eligible postsecondary educational institution at any time between July 1, 2021 and June 30, 2022. *If more space is needed, attach a separate page with your name and ID number at the top.*

List the people in the parent(s) household. Include:

* Yourself and your parent(s) (including stepparent) even if you don’t live with the parent(s), and
* Your parents’ other children if your parent(s) will provide more than half of their support from July 1, 2021, through June 30, 2022, or if the other children would be required to provide parental information if they were completing a FAFSA for 2021-22. Include children who meet either of these standards, even if they do not live with your parents.
* Other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2022.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Age | Relationship to you | College | Will be Enrolled at Least Half Time |
| *Missy Jones (example)* | *18* | *Sister* | *Central University* |  *Yes*  *No* |
|  |  | Child | NHSC |  *Yes*  *No* |
|  |  |  |  |  *Yes*  *No* |
|  |  |  |  |  *Yes*  *No* |
|  |  |  |  |  *Yes*  *No* |
|  |  |  |  |  *Yes*  *No* |
|  |  |  |  |  *Yes*  *No* |
|  |  |  |  |  *Yes*  *No* |
|  |  |  |  |  *Yes*  *No* |
|  |  |  |  |  *Yes*  *No* |
|  |  |  |  |  *Yes*  *No* |
|  |  |  |  |  *Yes*  *No* |

Each person signing below certifies that all of the information reported is complete and correct. The student must sign this worksheet. At least one parent listed above must sign. By signing this worksheet, the individuals signing authorize the NHSC Financial Aid Office Staff to make any changes on the student’s ISIR due to inaccuracies found during the verification process for the 2021-22 academic year.

**WARNING: If you purposely give false or misleading information on this worksheet, you** **may be fined, be sentenced to jail, or both.**

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Student’s Signature Date

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Parent’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Spouse Signature (If Applicable) Date