

Student Name:_____

Financial Aid Office
Finger Lakes Community College
3325 Marvin Sands Drive
Canandaigua, NY 14424-8395

Student ID:

		s and need clarification.	Please list below the people that live in your househo	old_
or who will be supported b	<u>)y.</u>			
For Dependent students	: your parent	(s) from July 1, 2020 thr	ough June 30, 2021	
For Independent studen	ts: you and yo	our spouse, if married, fr	om July 1, 2020 through June 30, 2021	
Household Member	Age	Relationship	College Attending in 2020-2021	
		Self	FLCC	
Student Signature			Date	
Parent Signature (for Dep	endent Studer	nts)	 Date	

Mail to: Financial Aid Office · 3325 Marvin Sands Drive · Canandaigua, NY 14424 Fax: 585·394·0635 Email: aid@flcc.edu

If submitting in person, please go to the One Stop Center 585-785-1000

Without this requested information, we will be unable to process your financial aid for the upcoming academic year.