



2024-2025 Family Members Listing Form

Student's Name \_\_\_\_\_ Radford ID# \_\_\_\_\_

Write the names of all family members in the chart below. Include other children/people as part of your family only if they lived with you/your parents and got more than half of their support from you/your parents at the time you completed your student aid application -AND – they will continue to get more than half of their support from you or your parents from July 1, 2024 through June 30, 2025.

Full Name of Family Member	Age	Relationship
(ex) YOU		Self/Student

**This form requires handwritten signatures to be considered complete. Forms submitted with typed signatures will not be accepted and will require you to resubmit the form.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_