

PART B: SELF SUPPORTING STUDENT FAMILY MEMBERS

Fill in the information about the people you will support between July 1, 2008 and June 30, 2009.

Include:

- yourself
- your spouse
- your dependent children (if they receive more than half of their support from you)

Include other people only if they:

- lived with and received more than half of their support from you (or your spouse) at the time you completed your application, and
- will continue to get this support between July 1, 2008 and June 30, 2009

FULL NAME	AGE	RELATIONSHIP	COLLEGE*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*If half-time attendance or more during 2008/2009

Complete and return to: **Boston University**
Office of Financial Assistance
881 Commonwealth Avenue, 5th floor
Boston, Massachusetts 02215