



1050-HC
Verification of Household Composition
Step Up For Students

Application # _____

PLEASE ASK A FRIEND, NEIGHBOR, PASTOR, ETC. TO COMPLETE THIS FORM. THIS PERSON MUST **NOT** BE RELATED TO YOU AND **CANNOT** LIVE WITH YOU.

List ALL adults and children who live in the same house or apartment. Please indicate their ages and relationship to the primary parent.

	Name	Relationship	Age
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____

The people listed above live at this address:

Street Address

Under penalties of perjury, I certify that the information presented is true and accurate to the best of my knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the denial of the scholarship application or revocation of a scholarship award.

 Name of Person Completing Form (please print clearly) Phone # Date

 Street Address of Person Completing Form City State Zip

 Signature of Person Completing Form Relationship of Person Completing Form to Applicant