

2026-2027 HOUSEHOLD INFORMATION FORM

STUDENT NAME _____

LAWRENCE ID OR BIRTHDATE _____

A. STUDENT'S FAMILY INFORMATION

1) List Your Spouse (if applicable) Reported on the 2026-27 FAFSA.

SPOUSE NAME	AGE

2) Verify the number of people reported on your FAFSA.

Include other dependents. If not applicable, mark "NA." If more space is needed, attach a separate page.

NAME	AGE	RELATIONSHIP TO STUDENT	ENROLLED IN COLLEGE FOR 2026-27 ACADEMIC YEAR?		
			No	Half-Time	Full-Time
			No	Half-Time	Full-Time
			No	Half-Time	Full-Time
			No	Half-Time	Full-Time
			No	Half-Time	Full-Time
			No	Half-Time	Full-Time
			No	Half-Time	Full-Time

B. CERTIFICATION AND SIGNATURES

By signing this form, we certify that all information on this application is complete and correct.
Handwritten signatures are required.

STUDENT SIGNATURE _____

DATE _____

SPOUSE SIGNATURE (IF APPLICABLE) _____

DATE _____

Return completed form to the Lawrence University Financial Aid Office.

Secure Upload	Email	Fax	Mail
lawrence.leapfile.net	financial.aid@lawrence.edu	(920) 832-6582	Financial Aid Office Lawrence University 711 E Boldt Way Appleton, WI 54911