

LAMAR STATE COLLEGE-PORT ARTHUR

FAMILY MEMBERS ATTENDING A COLLEGE OR UNIVERSITY 2015-2016

STUDENT _____ Student ID # _____

THIS FORM MUST BE NOTARIZED

Listed below is information on each member of my household who is or will be attending a college, university, or post-secondary institution at least half-time basis during the 2015-2016 school year.

Table with 4 columns: NAME, AGE, COLLEGE OR UNIVERSITY, ADDRESS OF INSTITUTION. Row 1: SELF, LSC_PA, PORT ARTHUR.

I (We) CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature _____ Date _____
Applicant

Signature _____ Date _____
Spouse (if applicable)

Signature _____ Date _____
Parent or Guardian (Must be signed if student is dependent)

Subscribed and sworn before me this _____ day of _____ 20_____.

Notary Public in and for the State of Texas

My commission expires: _____