



LEHIGH UNIVERSITY®

Clarification of Noncustodial Parent Household Size

Student Name: _____ Lehigh Identification Number (LIN): _____

Email Address: _____ Date of Birth: _____

On the grid below, list and provide information about each person your Noncustodial parent will provide more than half of their financial support between July 1, 2024 and June 30, 2025.

Include **yourself**, **your parent (including step-parent)** and **dependents** currently living in your Noncustodial parent's household.

Full Name	Age	Relationship to Student	Name of School/College**	Year in School**	Total Cost of Attendance**	Scholarships & Grants**	Housing Code*
Student Applicant		Self			N/A	N/A	
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	

If more than 8 people are included in the household, please provide a second copy of this form with that information.

*Housing Codes: 1 - live at school (on or off campus) 2 – live at home

Complete these sections if your parents will pay tuition for any household member listed above (elementary, secondary or post-secondary) in the 2024-2025 award year. Please indicate if the student receives any merit and/or athletic scholarships. **If enrollment plans change for any person listed above, notify us immediately. Changes in enrollment will most likely affect your aid eligibility.

Please submit to Lehigh University's Office of Financial Aid via the go.lehigh.edu/finaidcenter, by mail, or by fax (610)758-6211.

You may also contact our office at (610)758-3181 or financialaid@lehigh.edu