

Member Name: \_\_\_\_\_

CSEA EBF ID #: \_\_\_\_\_

Member Phone #: \_\_\_\_\_

Member Email: \_\_\_\_\_

A. Is the dependent student married?

B. Semester(s) enrolled:

C. Is a full-time student in high school or college/university.\*

D. Expected date of graduation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Student Name