

Dependent Student Family Size Verification Form 2024–2025

Your financial aid application was selected by the U.S. Department of Education to undergo a process called verification. You and your parent must complete, sign, and submit this form listing the name and age of each of your parent(s)' family members and their relationship to you. The form must be submitted to the Financial Aid Office to continue the review process and determine your eligibility for federal student aid.

A. Stu	dent Information	Student's Name (Last, First, M.I.)		student ID - REQUIRED	
	mily Information people in your parent(s	<u>')' family</u> . Include the following:			
	Your parent(s)' depend provide more than half included in the family s receive more than half Other people if they no will continue to provide	r spouse or partner, including a steppa ent children (even if they live apart bed of their support between July 1, 2024 ize, though the family size can be upd of their support from your parent(s). w live with your parent(s) and your pa more than half of their support throug an additional sheet with the student's	cause of colleg and June 30, 2 ated if the child rent(s) provide h June 30, 202	ge enrollment), if your parent(s) 2025. Unborn children should god is born during the award year more than half of their suppor 25.) will <u>not</u> be r and wil t and
	gn and date the addition	nal sheet.			1
	First Name	Last Name	Age	Relationship to You	
	EXAMPLE: Missy	Jones	18	Sister Self	4
					-
					-
C. Cer	rtification and Sigr	natures			
any add	ditional information is rposely giving false o	ertifies that all the information repo attached. The student and one pare r misleading information could resu the U.S. Department of Education.	ent MUST sigr	n and date this section. I und	lerstand
Student's Signature				Date	
Parent Signature				Date	