



2024-2025 FAMILY SIZE VERIFICATION FORM

The Financial Aid Office is in the process of reviewing your application for financial aid. Federal Law requires us to verify the family size reported on your 2024-2025 Free Application for Federal Student Aid (FAFSA). Your application must be held in a pending status until we receive this information.

Student Name: _____ Dean College ID#: _____

Family Size Information: read and complete the section below

If you are a **Dependent Student** include:

- The student.
- The student's parents (including a stepparent), even if the student is not living with them.
- The student's siblings if the following are true:
 - They live with the student's parents (or live apart because of college enrollment),
 - They receive more than half of their support from the student's parents, and
 - They will continue to receive more than half their support from the student's parents during the award year.
- Other persons if the following are true:
 - They live with the student's parents,
 - They receive more than half of their support from the student's parents, and
 - They will continue to receive more than half their support from the student's parents during the award year.

If you are an **Independent Student** include:

- The student.
- The student's spouse, if applicable.
- The student's dependent children if the following are true:
 - They live with the student (or live apart because of college enrollment);
 - They receive more than half of their support from the student; and
 - They will continue to receive more than half their support from the student during the award year.
- Other persons if the following are true:
 - They live with the student;
 - They receive more than half of their support from the student; and
 - They will continue to receive more than half their support from the student during the award year

FULL NAME	AGE	RELATIONSHIP TO STUDENT
		<i>Self</i>

By signing this form, each person certifies that all the information is correct and complete.

Student Signature: _____ Date: _____

Parent Signature (if dependent): _____ Date: _____

(electronic signatures are not acceptable)