

2024-2025 FAMILY SIZE – DEPENDENT STUDENT

Student Name: _____ **Student ID #:** _____

LIST YOUR FAMILY SIZE IN THE BOX BELOW

Family Size should include the following:

- Yourself (the student).
- Your parents, even if you are not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- Your siblings if all the following are true:
 - ✓ They live with your parents (or live apart because of college enrollment);
 - ✓ They receive more than half of their support from your parents; and
 - ✓ They will continue to receive more than half their support from your parents during the award year.
- Other persons if all the following are true:
 - ✓ They live with your parents;
 - ✓ They receive more than half of their support from your parents; and
 - ✓ They will continue to receive more than half their support from your parents during the award year.

The provided criteria for “dependent children” or “other persons” align with the requirement that family size align with whom the parent could claim as a dependent on a U.S. tax return if the parent were to file a U.S. tax return at the time of completing the 2024-2025 financial aid application. As a result, the parent should not include any unborn children in the family size.

Full Name	Age	Relationship to Student
		Self

If more space is needed, provide a separate page with the student’s name and ID number at the top.

CERTIFICATION AND SIGNATURE

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the financial aid application must sign and date. **Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.** Signatures must be provided in blue or black ink. Digital and/or typed signatures will not be accepted.

Student Signature (Required): _____ **Date:** _____

Parent Signature (Required): _____ **Date:** _____