Financial Aid

1101 E University Ave, Fresno, CA 93741 | Phone: (559) 442-8245 | FAX: (559) 499-6024

2025-2026 FAMILY SIZE - INDEPENDENT STUDENT

Student Name:	Stud	ent ID #:
LIST YOUR FAMILY SIZE IN THE BOX BELOW		
Family Size should include the following:		
Yourself (the student).		
Your spouse (if applicable).		
 Your dependent children if all the following are true: They live with you (or live apart because of college enrollment); They receive more than half of their support from you; and They will continue to receive more than half their support from you defend the support from you; Other persons if all the following are true: They live with you; They receive more than half of their support from you; and They will continue to receive more than half their support from you defend the student could criteria for "dependent children" or "other persons" align with the rether student could claim as a dependent on a U.S. tax return if the student were the completing the 2025-2026 FAFSA. As a result, the student should not include an experience of the student should not include an experienc	uring the av quirement to o file a U.S.	ward year. hat family size align with whom tax return at the time of
Full Name	Age	Relationship to Student
		Self
If more space is needed, provide a separate page with the student's CERTIFICATION AND SIGNATURE	name and I	D number at the top.
Each person signing below certifies that all of the information reported is complete give false or misleading information, you may be fined, sent to prison, or both the information of the information of the information of the information reported is complete.	e and corre	
give false or misleading information, you may be fined, sent to prison, or bot black ink. Digital and/or typed signatures will not be accepted.	e and corre oth. Signatu	res must be provided in blue or
give false or misleading information, you may be fined, sent to prison, or bo	e and corre oth. Signatu	