

Family Size – Additional Details Verification 2024-2025

Student Information

Use BLACK or BLUE ink only

Student Name	Student ID	Student Phone Number
Please complete the following form if you listed someone	e on the <u>Family Size For</u>	rm who:
Student's Family : Is listed within the student's Family S listed within your Family Size if the following are true.	ize and is considered "C	Other People". Other people should be
 Is not a biological child, adopted child, stepchild, They live with the student, They receive more than half of their support from They will continue to receive more than half their (July 1, 2024 through June 30, 2025). 	n the student; and	nt during the award year
Parent's Family : Is listed within your parent(s) Family S listed within your Family Size if the following are true.	ize and is considered "C	Other People". Other people should be
 Is not a biological child, adopted child, stepchild, They live with the student's parents, They receive more than half of their support from They will continue to receive more than half their award year (July 1, 2024 through June 30, 2025) 	n the student's parents, r support from the stude	
NOTE: Being detailed in your explanation for additional fyour Family Size. If you need additional space to explanation .		
Person 1		
Name of person:		· · · · · · · · · · · · · · · · · · ·
Their monthly income: \$		
• Is this person living with you (or your parents)?		Yes No
 If yes, will they continue to live with you List any source of income for this person: 	(or your parents)?	Yes No
		
 Provide specific details that will help us to under of this person's support: 	stand how you (or your	parents) are providing more than 50%



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INANCIAL AID AND SCHOLARSHIPS Studen	nt Name			Student ID
erson 2				
ame of person:				
Their monthly income: \$				
• Is this person living with you (or	your parents)?		Yes	No
 If yes, will they continue 	to live with you (or your parents)?	Yes	No
List any source of income for this	s person:			
 Provide specific details that will he of this person's support: 	nelp us to unders	tand how you (or your	parents) ar	re providing more than 50%
erson 3				
me of person:				
Their monthly income: \$				
Is this person living with you (orIf yes, will they continue	• •	or vour parants)?	Yes Yes	∐ No □ No
List any source of income for this		or your parents):		
Provide specific details that will h	nelp us to unders	tand how you (or your	parents) ar	re providing more than 50%
of this person's support:				
GNATURE CERTIFICATION: Each person rposely give false or misleading information				ed is complete and correct. If yo
OTE: If you were required to provide paren	tal information on y	our FAFSA application,	your parent N	MUST sign this form.
andwritten or Stylus Signatures are Require	ed – typed signatur	es will not be accepted. I	Include any a	applicable signatures.
udent Signature		Parent Signature (if	dependent)	