

## 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:
<b>Student's Family</b> : 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
<ul> <li>Is not a biological child, adopted child, stepchild,</li> <li>They live with the student,</li> <li>They receive more than half of their support from</li> <li>They will continue to receive more than half their (July 1, 2024 through June 30, 2025).</li> </ul>	n the student; and	nt during the award year
<b>Parent's Family</b> : 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
<ul> <li>Is not a biological child, adopted child, stepchild,</li> <li>They live with the student's parents,</li> <li>They receive more than half of their support from</li> <li>They will continue to receive more than half their award year (July 1, 2024 through June 30, 2025)</li> </ul>	n the student's parents, r support from the stude	
<b>NOTE:</b> Being detailed in your explanation for additional fyour Family Size. <b>If you need additional space to explanation</b> .		
Person 1		
Name of person:		· · · · · · · · · · · · · · · · · · ·
Their monthly income: \$		
• Is this person living with you (or your parents)?		Yes No
<ul> <li>If yes, will they continue to live with you</li> <li>List any source of income for this person:</li> </ul>	(or your parents)?	Yes No
<del></del>		
<ul> <li>Provide specific details that will help us to under of this person's support:</li> </ul>	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: \$		<del></del>		
• Is this person living with you (or	your parents)?		Yes	No
<ul> <li>If yes, will they continue</li> </ul>	to live with you (	or your parents)?	Yes	No
List any source of income for this	s person:			
<ul> <li>Provide specific details that will he of this person's support:</li> </ul>	nelp us to unders	tand how you (or your	parents) ar	re providing more than 50%
erson 3				
me of person:				<del></del>
Their monthly income: \$				
<ul><li>Is this person living with you (or</li><li>If yes, will they continue</li></ul>	• •	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)	