

2024-2025 VERIFICATION INDEPENDENT STUDENT



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First Name	M.I			Last Name	
OF	R	()	-	FC24ISNH
Student ID	Last 4 Digits of SSN		F	Phone Number	

FAMILY SIZE (INDEPENDENT STUDENT)

When determining family size, include the following:

- 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

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

	FULL NAME	AGE	RELATIONSHIP TO STUDENT
1			Self
2			
3			
4			
5			
6			
7			
8			

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

CERTIFICATION AND SIGNATURE

By signing below, I certify that all the information reported is complete and correct.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature* Date

Mail, fax, email, or deliver the completed worksheet to the financial aid office using the contact information listed below.

^{*} Must be an actual "wet" signature. A digital signature or typed font signature is not acceptable. This form may be completed and "wet" signed via a tablet or smartphone with PDF signing capability using a stylus pen. You may need to download an app to access this feature.