

2024-2025 Dependent Student Family Size

Last Name	First Name	Student ID #	(____)____-____
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Please list the family members your parent(s) will support during the 2024-2025 academic year. Include your parent(s) and others who now live with and receive more than half of their support from your parent(s), and who will continue to receive this support between July 1, 2024 and June 30, 2025.

Section A - Family Size

PARENTS ARE COUNTED AS A NUMBER IN FAMILY SIZE

First & Last Name of Family Member	Age	Relationship to Student
		Self

Section B – Certification and Signatures

Signing this worksheet certifies that all of the information reported on it is complete and correct.

Student Signature: _____ Date: _____

Mother/Stepmother’s Signature: _____ Date: _____

Father/Stepfather’s Signature: _____ Date: _____