

DHS-1

Northeastern State University Student Financial Services

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2024-2025 Dependent Student Family Size

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Last Name	First Name	Studen	t ID#	Phone	
Please list the	e family members your parent((s) will support	during the 2	2024-2025 academic ye	ear. Include
your parent(s) and or	thers who now live with and re	ceive more than	half of the	ir support from your pa	arent(s), and
who will continue to	receive this support between I	Tuly 1, 2024 and	June 30, 2	025.	
Section A - Family	Size				
PARENTS ARE CO	UNTED AS A NUMBER IN FA	MILY SIZE			
First & Last Name	e of Family Member	Age	Relations	ship to Student	
			Self		
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Section B – Certific	eation and Signatures				
Signing this workshee	t certifies that all of the informati	on reported on it	is complete	and correct.	
Student Signature:			Date:		
Mother/Stepmother'	s Signature:			Date:	
Father/Stepfather's S	Signature:			Date:	