

2025-2026 Independent Student Family Size

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

Last Name	First Name	N Student ID #	() Phone
-----------	------------	-------------------	--------------

Please list the family members you (and your spouse) will support during the 2025-2026 academic year. Include yourself, your spouse, and others who now live with you and receive more than half of their support from you (and your spouse), and who will continue to receive this support between July 1, 2025 and June 30, 2026.

Section A - Family Size

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

Section B – Certification and Signature

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

Student’s Signature: _____ Date: _____