

2024-2025 Dependent Student Family Size & College Information

STUDENT NAME

ID#

Please list the people for whom your parent(s) will be providing more than 50% of the financial support between July 1, 2024, and June 30, 2025. Include the following:

- Your parent(s);
- Yourself; and/or
- Anyone your parent(s) will be providing more than 50% financial support to in the 2024-2025 academic year.

For each person, with the exception of your parent(s), you will then need to list what college they will be attending, if enrolled at least half-time, or write "N/A" if they will not be enrolled during the 2024-2025 academic year.

FULL NAME OF FAMILY MEMBERS	RELATIONSHIP TO STUDENT	AGE	NAME OF COLLEGE IN 2024-2025
	PARENT 1		XXXXXXXXXXXXXXXXXX
	PARENT 2 (if applicable)		XXXXXXXXXXXXXXXXXX
	SELF (STUDENT)		

___ Check space if more than 7 family members & attach separate sheet containing these additional members and information.

CERTIFICATION

By signing this Verification Statement, we certify that all information reported in support of the student's application for financial assistance is complete and correct. I understand that giving false or misleading information is considered fraud and may jeopardize my ability to qualify for and/or borrow financial aid in addition to possible civil and/or criminal charges.

or

PARENT 1 SIGNATURE

PARENT 2 SIGNATURE

STUDENT'S SIGNATURE

DATE