

2024–2025 Dependent Family Size Verification Form

Your financial aid application was selected by the U.S. Department of Education to undergo a process called verification. You and your parent must complete, sign, and submit this form listing the name and age of each of your parent(s)' family members and their relationship to you. The form must be submitted to the Financial Aid Office to continue the review process and determine your eligibility for federal student aid.

A. Student Information			
Student's Name (Last, First, M.I.)			Student ID - REQUIRED
B. Family Information List the people in your parent(s)' fam	ily. Include the following:		
 Your parent(s)' other childr June 30, 2025, or if the oth 2025-2025 federal financia live with your parent(s). Other people if they now live continue to provide more to If more space is needed attach an acceptance. 	stepparent, even if you do not live wi en if your parent(s) will provide more her children would be required to proval aid application. Include children who we with your parent(s) and your parent than half of their support through June additional sheet with the student's name	than half of their stride parental informomeet either of the ht(s) provide more a 30, 2025.	mation if they were completing a nese descriptions, even if they do not than half of their support and will
and date the additional sheet. First Name	Last Name	Age	Relationship to You
EXAMPLE: Missy	Last Name Jones	Age 18	Sister
			Self
information is attached. The student	that all the information reported on thi and one parent MUST sign and date	this section.	mplete, correct, and any additional rou may be fined, sentenced to jail, Date
Parent Signature			 Date