

**2024-25 Family Size - Dependent Student**

Student Name (print): \_\_\_\_\_

S#: \_\_\_\_\_ Phone: \_\_\_\_\_

Student E-mail: \_\_\_\_\_

*Note: Your school email account is the only email your institution will accept for correspondence.*

**Family Size**

**Write the names of all the people in your family size in the chart below:**

1. Include **yourself** (the student) and your parent(s)
2. Include **your parent(s) other children**, even if they do not live with your parent(s), **if your parent will provide more than half of their support between July 1, 2024, and June 30, 2025.**
3. Include other dependents, if they now **live with your parent(s)** and your parent(s) will continue to **provide more than half of their support through June 30, 2025.**

**Note:** The provided criteria for “dependent children” or “other persons” align with the requirement that family size align with whom the parent could claim as a dependent on a U.S. tax return if the parent were to file a U.S tax return at the time of completing the 2024-2025 FAFSA. As a result, unborn children should not be included in the family size.

<b>First &amp; Last Name of Each Family Member</b>	<b>Age</b>	<b>Relationship to Student</b>
<i>(EXAMPLE) Craig Jones</i>	<i>18</i>	<i>Brother</i>

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Each person signing certifies that all the information reported is complete and correct.

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_