

2025-2026 Family Size / Number in College Form - Dependent

Student's Name			Student ID:	
The financial aid application you submitted chousehold members listed in college. Please			formation for household size and/or the number of in the table below:	
following people are NOT considered your guardians, older brothers and sisters, and Include: • Yourself and your parent(s) (including story of the people if they now live with your provide more than half their support from • Provide college information for any hour	r "parent(s)" unless they uncles or aunts. tepparent; do not include to if your parent(s) will proparent(s) and your parent(July 1, 2025 through June usehold member, excluding	your nor vide mo s) provi e 30, 202 g your p	ore than half of their support from July 1, 2025 through de more than half of their support and will continue to	
	T	T		
FULL NAME OF FAMILY MEMBERS	RELATIONSHIP TO STUDENT	AGE	Name of College This Person Will Be Enrolled At Least Half Time	
1.	Self		At Least Hall Time	
2.				
3.				
4.				
5.				
6.				
7.				
that providing misleading or false inform penalties. If additional information is req	ation can jeopardize fin uested, I (we) agree to pr he student and at least o	ancial a ovide tl	best of my (our) knowledge. I (we) understand id eligibility and subject me (us) to federal he institution with any supporting documentation and (for dependent students) must provide a	
Student's Name (Print)	Student's Signa	ture	Date	
Parent's Name (Print)	Parent's Signature		Date	