

**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**