

2025-2026 VERIFICATION DEPENDENT STUDENT



	First Name		M.I.		Last Name		
	OF		()	_		FC25DSNH
	Student ID	Last 4 Digits of SS	SN		Phone Nu	ımber	
FAMI	LY SIZE (DEPENDEN	NT STUDENT)					
When o	determining family size, inc	clude the following:					
with w	family. The student's siblings They live with t They receive m They will contin Other persons if the f They live with t They receive m	he student's parents; nore than half of their su nue to receive more than pendent children" or " paim as a dependent on	live apart bed pport from the h half their sup pport from the h half their sup other person a U.S. tax r	cause of co e student's poport from t e student's poport from t s" correspondent	llege enroll parents; an he student' parents; an he student' onds with	Iment); and 's parents during the awand 's parents during the award the requirement tha	vard year vard year it family size align return at the time of
	g 2020 2020 174 0	FULL NAME		or morado c	AGE	RELATIONSHIP	
1						Se	elf
2							
3							
4							
5							
6							
7							
8							
	TIFICATIONS AND SI					e and ID number at the	top.
	iing below, I certify that all ARNING: If you purposely					nt to prison, or both.	

Parent Signature* Date

* Must be an actual "wet" signature. A digital signature or typed font signature is not acceptable. This form may be completed and "wet" signed via a tablet or smartphone with PDF signing capability using a stylus pen. You may need to download an app to access this feature.

Mail, fax, email, or deliver the completed worksheet to the financial aid office using the contact information listed below.