

Office of Financial Aid and Scholarships SFA Box 13052

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2024-2025 Family Size Worksheet

Student Name		Student ID	
Contact Number			
We have reviewed your applica	tion for financial assistance for	the 2024-2025 school year and	I must clarify the information you submitted.
Please list the names, ages, and July 1, 2024 through June 30, 20		r, father, etc.) of the persons ye	ou and/or your spouse/parent(s) will support between
their support from July 1, 2024	through June 30, 2025. Include	other people as part of the hou	arent(s) will continue to provide more than half of a sehold only if: they now live in the household, and a be provided from July 1, 2024 through June 30, 202:
	U.S. tax return if the student/pa	arent were to file a U.S tax retu	that family size align with whom the student/parent arm at the time of completing the 2024-2025 FAFSA.
Name of Hou	sehold Member	Age	Relationship To
			Student
			SELF
Check this box if there a	re more than six (6) househo	old members, and continue	to list these members on the reverse side.
By signing this form, I (we) certify that al worksheet, you may be fined, sentenced to	•	neet is complete and correct. Warning:	If you purposely give false or misleading information on this
Student Signature	 Date	Parent Signa	ture (required if dependent) Date