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2025-2026 Family Size Worksheet

Student Name		Student ID	
Contact Number			
We have reviewed your applied	cation for financial assistance for	the 2025-2026 school year and	d must clarify the information you submitted.
Please list the names, ages, an July 1, 2025 through June 30,		er, father, etc.) of the persons y	ou and/or your spouse/parent(s) will support between
their support from July 1, 202	5 through June 30, 2026. Include	other people as part of the hou	arent(s) will continue to provide more than half of asehold only if: they now live in the household, and a be provided from July 1, 2025 through June 30, 202
could claim as a dependent on		arent were to file a U.S tax ret	that family size align with whom the student/parent urn at the time of completing the 2025-2026 FAFSA.
Name of Ho	usehold Member	Age	Relationship To
			Student
			SELF
_	all the information reported on this works		e to list these members on the reverse side. If you purposely give false or misleading information on this
Student Signature	Date	Parent Signa	uture (required if dependent) Date