



Verification of Family Size Worksheet

Please complete and sign this form. If you are a dependent student (used parent information on the FAFSA), your parent or guardian must sign the form, as well. If you need additional space, please attach separate page. This form can be submitted via email, fax or mail. More information about Verification may be found on our [Verification FAQ's Page](#).

Student Information (please print)

_____	_____	_____
Last Name	First Name, Middle Initial	SU ID#
_____	_____	_____
Street Address	City, State, Zip	Home/Cell Number (area code)

A. Family Information (please print)

Dependent Students: List the people in your parents family including:

- Yourself (student)
- Your parent(s), including step-parent(s), if your custodial parent is remarried, even if you do not live with your parents
- Your parent's other child(ren), even if they don't live with your parents, ONLY IF (a) your parents will provide more than half of their support from 7/1/2024 through 6/30/2025, or (b) the child(ren) would be required to provide parental information when applying for Federal Student Aid during the 2024-25 academic year.
- Other people ONLY IF (a) they live with your parents, (b) your parents provide more than half of their support, AND (c) your parents will continue to provide more than half of their support from 7/1/2024 through 6/30/2025.
- In addition, include the name of the college, for any household member, EXCLUDING PARENTS, who will be attending college at least half-time in a degree, diploma or certificate program between 7/1/2024 and 6/30/2025.

B. If you need more space, attach a separate sheet.

**If your parents are divorced, DO NOT include your parent of non-record, or his/her family members.

FULL NAME	AGE	RELATIONSHIP TO STUDENT	COLLEGE
		Me (Student)	Southwestern University
		Parent 1	
		Parent 2	



Independent Students: List the people in your family including:

- Yourself (student)
- Your spouse
- Your child(ren), even if they don't live with you, ONLY IF (a) you will provide more than half of their support from 7/1/2024 through 6/30/2025, or (b) the child(ren) would be required to provide your information when applying for Federal Student Aid during the 2024-25 academic year.
- Other people ONLY IF (a) they live with you, (b) you provide more than half of their support, AND (c) you will continue to provide more than half of their support from 7/1/2024 through 6/30/2025.
- In addition, including the name of the college, for any household member who will be attending college at least half-time in a degree, diploma or certificate program between 7/1/2024 and 6/30/2025.

*If you need more space, attach a separate sheet.

FULL NAME	AGE	RELATIONSHIP TO STUDENT	COLLEGE
		Me (Student)	Southwestern University
		Spouse (If married)	

B. Certification

By signing this worksheet, we certify that all the information reported is complete and correct.

WARNING: If you purposely give false or misleading information, on this worksheet, you may be fined, sentenced to jail, or both.

NOTE: You must print and sign this portion of the form.

Student Signature (REQUIRED) Date

Parent's Signature (REQUIRED IF DEPENDENT) Date