



2024-2025 Verification Worksheet

Family Size

IVF25

A. Student Information INDEPENDENT STUDENT

Last name	First name	M.I.	Blugold ID #
Address (include apartment number)			Date of birth
City	State	Zip Code	Phone number

B. Family Size Information

How many people are in your household? * List their names below in the box

Family Size - Includes the following:

- The student.
- The student’s spouse, if applicable.
- The student’s dependent children if the following are true:
 - o They live with the student (or live apart because of college enrollment);
 - o They receive more than half of their support from the student; and
 - o They will continue to receive more than half their support from the student during the award year.
- Other persons if the following are true:
 - o They live with the student;
 - o They receive more than half of their support from the student; and
 - o They will continue to receive more than half their support from the student during the award year.

The provided criteria for “dependent children” or “other persons” align with the requirement that family size align with whom the student could claim as a dependent on a U.S. tax return if the student were to file a U.S tax return at the time of completing the 2024-2025 FAFSA. As a result, the student should not include any unborn children in the family size.

	Full Name	Age	Relationship
1.			Self
2.			
3.			
4.			
5.			
6.			

If more space is needed, provide a separate page with the student’s name and ID number at the top.

C. Certification and Signature

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

I certify that all the information reported is complete and correct.

 Student Signature (*Wet Signature Required*) Date

Return the completed form to **Blugold Central Student Services**