BLUGOLD CENTRAL STUDENT SERVICES | 1108 Vicki Lord Larson Hall

PO Box 5000 | Eau Claire, WI 54702-5000 uwec.ly/blugoldcentral | blugoldcentral@uwec.edu 715-836-3000 | 715-836-5816 fax





2025-2026 Verification Worksheet

Family Size IVF26

Last name	First name	M.I.		Blugold ID #	
Address (include apartment number)			Date of birth		
City	State	Zip Code		Phone number	
3. Family Size Ir	rormation				
Family Size - In The student. The student's Exclude a pare Include a pare The student's O They live O They wi Other persons O They live O They rec O They wi	ent who has died or is not livent who is on active duty in the siblings, if the following are entite with the student's parents delive more than half of their licontinue to receive more the sifthe following are true: with the student's parents delive more than half of their licontinue to receive more than half of their licontinue to receive more the student's parents delive more than half of their licontinue to receive more the student's parents than the student's parents delivered than the student's parents delivered the students delivered t	applicable), even if the ving in the househole the U.S. Armed Force true: (or live apart because support from the support fr	the studen d because es apart fr use of colle tudent's p ort from th tudent's p ort from th	om the family. ge enrollment), arents, and le student's parents during the awa	ard year.
he parent could cl		S. tax return if the p	arent wer	e to file a U.S tax return at the time	
Γ	Full Name	1	Age	Relationship	
	1.			Self	
_	2.				
—	3.				
<u> </u>	4. 5.		1		
<u> </u>	5. 6.				
L		ride a separate page w	ı vith the stud	l lent's name and ID number at the top.	
	and Signature you purposely give false or mi	sleading information	on this woi	ksheet, you may be fined, sentenced in paren	
Student Signature (Wet Signature Required) Date				Signature (Wet Signature Required) Phone Number	Date