



Financial Aid

995 N. Reed Avenue, Reedley, CA 93654 | Phone: (559) 494-3012 | FAX: (800) 643-0932

2024-2025 FAMILY SIZE – INDEPENDENT STUDENT

Student Name: _____

Student ID #: _____

LIST YOUR FAMILY SIZE IN THE BOX BELOW

Family Size should include the following:

- Yourself (the student).
- Your spouse (if applicable).
- Your dependent children if all the following are true:
 - ✓ They live with you (or live apart because of college enrollment);
 - ✓ They receive more than half of their support from you; and
 - ✓ They will continue to receive more than half their support from you during the award year.
- Other persons if all the following are true:
 - ✓ They live with you;
 - ✓ They receive more than half of their support from you; and
 - ✓ They will continue to receive more than half their support from you 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 to Student
		Self

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

CERTIFICATION AND SIGNATURE

Each person signing below certifies that all of the information reported is complete and correct. **WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.** Signatures must be provided in blue or black ink. Digital and/or typed signatures will not be accepted.

Student Signature (Required): _____

Date: _____

Spouse Signature (Optional): _____

Date: _____