



# 2024–2025 Dependent Student Family Size Verification Worksheet

Please complete all sections of this worksheet and submit this form to [finaid@fairfield.edu](mailto:finaid@fairfield.edu), or upload to the student’s Net Partner portal. Alternatively, you can fax this information to 203-254-4008, or mail to Office of Financial Aid, 1073 North Benson Rd, Fairfield, CT 06824.

## A. Student Information

Last Name	First Name	Fairfield Student ID Number
Permanent Address	Preferred Phone Number	
Email Address	Parent Email Address	

## B. Family and College Information

Do not leave blanks. Enter “N/A” if appropriate.

Please review the following instructions carefully and complete the table below with the required information. Include:

- Yourself, the Student**
- Your Parent of Record** (parental information provided on FAFSA form)
  - Include both of your legal parents (biological and/or adoptive) if they live in the same house (regardless of marital status and gender).
  - Include the step-parent if the parent of record is re-married
- Your Siblings and Your Parents’ Other Children**
  - Include siblings, step-siblings, and other children if your parent of record will provide more than half of their support from July 1<sup>st</sup>, 2024 through June 30<sup>th</sup>, 2025.
- Other People**
  - Other people (i.e., grandparents, cousins) should be included if they are now living with your parent of record, and your parent of record contributes over half of their support and will continue to provide over half of their support from July 1<sup>st</sup>, 2024, through June 30<sup>th</sup>, 2025.

Please indicate the college name and respond with “Yes” or “No” for any household member who will be enrolled, or is currently enrolled at least half-time, in a degree, diploma, or certified program at an eligible post-secondary educational institution between July 1, 2024 and June 30, 2025. You do not need to indicate where the parent(s) went to college or university.

If more space is needed, please include an additional page with the student’s name and Fairfield ID number on the top right corner.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half-Time (Y/N)
		Self		

## C. Certifications

Each person signing this document affirms that all the data and information reported on this form and any attachments to this form are accurate and complete. I agree to provide additional documentation if requested. I further agree to notify your office of any error or omission. **WARNING:** Per Federal regulation, if false or misleading information is purposely provided on this worksheet, you may be fined, sentenced to prison, or both. **PLEASE DO NOT SIGN THIS FORM ELECTRONICALLY/DIGITALLY.**

Student's Signature \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_