



WORCESTER
S T A T E
UNIVERSITY

Financial Aid
Phone: 508-929-8056
Fax: 508-929-8194

NAME: _____

ID#: _____

FAC24HHD

2024/2025
FAMILY SIZE for Dependent Students

Carefully read the following and in the table below, report information for:

- Yourself
- **Your parents**, including step-parents, even if you do not live with your parents. (Do not include your non-custodial parents)
- Your parent(s)' other dependent children if;
 - Your parent(s) will provide more than half of their support from July 1, 2024 through June 30, 2025, or if;
 - The other children would be required to provide parental information if they were completing a FAFSA for 2024-25;
 - Include children who meet either of these standards even if the children do not live with the parents
- Other people only if they now live with your parent(s) and your parent(s) will provide more than half of their support from July 1, 2024 through June 30, 2025

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

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

Full Name	Age (Required for all)	Relationship to Student (Mother/step-mother, father/step-father, brother, sister, etc.)
		Self

I/we certify that the above information is complete and correct. Do not leave any blanks. If not complete this form will be returned to you.

SIGNATURE (student) _____ DATE: _____

SIGNATURE (parent) _____ DATE: _____