



WORCESTER
S T A T E
UNIVERSITY

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

NAME: _____

ID#: _____

FAC24PDF

**2024/2025
PROOF OF DEPENDENT(S) FORM**

Students who are unmarried and under 24 years old but report having dependents in their household certify on their Free Application for Federal Student Aid (FAFSA) that they provide at least 50% of their dependents financial support. Dependents are people who you will support between July 1, 2024 and June 30, 2025. Include your children if they receive **more than half** of their support from you. Include other people only if they meet the following criteria:

- They live with you, and
- They now receive more than half of their support from you, and they will continue to receive this support from you between July 1, 2024 and June 30, 2025.

Support includes money, housing, food, clothes, car, medical and dental care, payment of college costs, and similar expenses.

Please list the names and ages of your dependents and their relationship to you.

**YOU MUST PROVIDE LEGAL DOCUMENTATION OF THEIR RELATIONSHIP TO YOU
(BIRTH CERTIFICATE, LEGAL GUARDIANSHIP, ETC)**

Name	Age	Relationship

If you do not have proof of documentation, please explain your situation below:

SIGNATURE (student): _____ DATE: _____