



**WORCESTER**  
S T A T E  
**UNIVERSITY**

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

NAME: \_\_\_\_\_  
\_\_\_\_\_  
ID#: \_\_\_\_\_

FAC25PDF

**2025/2026  
PROOF OF DEPENDENT(S) FORM**

Students who are unmarried and under 24 years old but report having dependent children and/or other persons on their Free Application for Federal Student Aid (FAFSA) *may be independent if all of the following are true:*

Your dependent children and/or other persons

- Live with you;
- Receive more than half of their support from you; and
- Will continue to receive more than half of their support from you during the award year

Support includes money, housing, food, clothes, car, medical and dental care, 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: \_\_\_\_\_