

2024-2025

900 Wood Road | P.O. Box 2000 Kenosha, WI 53141-2000

> Phone: 262-595-2574 Fax: 262-595-2216

DEPENDENT FAMILY SIZE VERIFICATION WORKSHEET

DVER

		XXX-XX-	
udent First Name	Last Name	Social Security Nu	mber Date of Birth
. Dependent Student Househo	old Confirmation		
 Yourself Your parent(s)/ste If your biologing below, and BC Your parents' other Your parents of They are under 	ep-parent, even if you don't lical or adoptive parents are lical or should be included on yer children, even if they don'will provide more than half cer 24 years of age and are no	r household should include: ive with them iving together, but are NOT our FAFSA t live with them, if: of their support from July 1, 2 t married	married, BOTH are required to be listed 2024 through June 30, 2025
2024 to June 30, 2	2025 (Attach additional page,	, if necessary)	
II Names (yours and househol	ld members)	Age	Relationship
			Me, the student
. Signatures—no typed or com y signing this worksheet, we certify there is a discrepancy between this for	that all the information reported	on it is complete and correct to b	te the best of our knowledge. We understand that ke corrections to the FAFSA.
y signing this worksheet, we certify	that all the information reported	on it is complete and correct to b	

Submit this form to: OFFICE OF SCHOLARSHIPS & FINANCIAL AID

the semester may result in late fees due to unpaid tuition. It is in your best interest to submit your paperwork as early as possible.

900 Wood Road, Kenosha, WI 53141 Fax: 262-595-2216 Email: finaid@uwp.edu

PS CODE: F251VB