

2024-2025 Family Size Verification Form

The purpose of this form is to verify your family size and additional financial information. Please complete and return this form to the Financial Aid Office by US Mail, fax, or secure upload. For questions, call 724-852-3208.

Student Information

Last Name		First Name	M.I.	Student ID #
Date of Birth	Phone Number	Stu	ident's Email	Parent's Email
Family and Coll	ege Information			
live apart because of people only if the pa includes money, gifts Independent Studen of college enrollmen	f college enrollment), and or arent will provide more that is, loans, housing, food, clo it: Include the student (an it), and other people living	other people living an half of their subthes, car, medical disposes, the storm with the student	g with the parent now. Inc upport between July 1, 20 al and dental care, paymou udent's dependent childro now. Include dependen	s dependent children (even if they clude dependent children and other 024, and June 30, 2025. (Supportent of college costs, etc.) en (even if they live apart because at children and other people only if 0, 2025. (Support includes money,
•	, food, clothes, car, medic		•	,
<u>NAME</u>		<u>AG</u>	SE RELA	ATIONSHIP TO STUDENT
	this form certifies that all t: Student and one parent			mplete and correct. ied, spouse's signature is optional.
Student's Signature		Date	Parent's Signature or Spou	se's Signature Date