



Office of Financial Aid
 323 Erie Street, P.O. Box 5015, Port Huron, Michigan 48061-5015
 810-989-5530 fax 810-989-5774 sc4.edu

Student ID: _____
Rec'd by: _____
Date: _____

2024-2025 Dependent Family Size Verification Worksheet

Your 2024–2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law states that before awarding Federal Student Aid, we may ask you to confirm the information you and your parent(s) reported on your FAFSA. To verify that you provided correct information, the SC4 Financial Aid office will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet and submit the form to the Financial Aid Office. The Financial Aid Office may ask for additional information. Failure to submit the required forms within 60 days may result in your financial aid application being denied. If you have questions about verification, contact the Financial Aid Office as soon as possible so that your financial aid will not be delayed.

A. Dependent Student's Information

Last Name _____ First Name _____ MI _____

Student's Social Security _____ Student Date of Birth _____

Street Address _____ City _____ State _____ Zip _____

Student's Phone _____ Student's Email _____

B. Dependent Student's family information

Family size includes the following:

- You and your parent(s) (including a stepparent) even if you don't live with your parent(s) (include biological parents even if they are unmarried and living together). Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- Your siblings if the following are true:
 - They live with your parents (or live apart because of college enrollment),
 - They receive more than half of their support from your parents, and
 - They will continue to receive more than half their support from your parents during the award year.
- Other persons if the following are true:
 - They live with your parents,
 - They receive more than half of their support from your parents, and
 - They will continue to receive more than half their support from your parents during the award year.

The provided 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 a 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, attach a separate page with the student's name and Student ID number at the top. Note: We may require additional documentation if we have reason to believe the information regarding household members is inaccurate.*

Full Name	Age	Relationship
<i>Missy Jones (example)</i>	<i>18</i>	<i>Sister</i>
		<i>Self</i>



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Student's Name: _____ **SSN:** _____

C. Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and accurate. The student and one parent whose information was reported on the FAFSA must sign and date.

Student's Signature _____ Date _____
Please print and sign this form

Parent's Signature _____ Date _____
Please print and sign this form

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

***Submit this worksheet to the Financial Aid Office at SC4
financialaid@sc4.edu
You should make a copy of this worksheet for your records.***