# 2018-2019 Confirmation of Family Size/Number in College

Student's Name: _____Curry ID#: _____

**Instructions:** In review of your application(s) for financial aid we have identified some information that needs clarification. Please complete the following table concerning your family members according to the dependency status indicated below. Once completed and signed, please return this form to Student Financial Services via mail, fax, or email. Please note that emailed forms must be signed and scanned.

☐ **Dependent Student**
♦ Your parents and yourself, even if you do not live with your parents.
♦ Your parents' other children if (a) your parents will provide more than half of their support from July 1, 2018 through June 30, 2019 or (b) the children would be required to provide parental information when applying for Federal Student Aid.
♦ Other people if they now live with your parents, your parents provide more than half of their support, and your parents will continue to provide more than half of their support from July 1, 2018 through June 30, 2019.

☐ **Independent Student**
♦ Yourself (and your spouse if you have one).
♦ Your children, if you will provide more than half of their support from July 1, 2018 through June 30, 2019.
♦ Other people if they now live with you, you provide more than half of their support, and you will continue to provide more than half of their support from July 1, 2018 through June 30, 2019.

| | **FULL LEGAL NAME (as shown on SS card)** | **Date of Birth** | **Relationship (to student)** | **Attending at least half time in 18-19?** | **Name of College** |
|---|---|---|---|---|---|
| 1 | | | Self | | Curry College |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |

**STATEMENT OF CERTIFICATION AND UNDERSTANDING**

Student <u>and</u> Parent MUST sign and date below. Applications not completed in its entirety will be returned and considered INCOMPLETE.
As a result, you may jeopardize your eligibility for certain limited funds. By signing this document, I certify that all information reported to qualify for Federal and State aid is complete and correct. WARNING: If you give false or misleading information, you may be fined, be sentenced to jail, or both.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

**Please allow 24-48 hours for documents to be posted and/or to confirm receipt.**