Curry College
Student Financial Services
1071 Blue Hill Avenue
Milton, MA 02186

2027-2028 Confirmation of Family Size

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**

- Student (Yourself)
- Parent (and their spouse if applicable) who provides more than half of your support between July 1, 2027, and June 30, 2028
- Parent(s) dependent children, even if they live apart from parent because of college enrollment, if parent will provide more than half their support between July 1, 2027, and June 30, 2028.
- Other people if they live with parent and parent will provide more than half their support between July 1, 2027, and June 30, 2028

☐ **Independent Student**

- Student (Yourself)
- Your spouse (if applicable)
- Dependent children if the following are true:
  - They reside with you (the student)
  - They receive more than half of their support from you (the student); and they will continue to receive more than half their support from you from July 1, 2027, through June 30, 2028
- Other persons if the following are true:
  - They reside with you (the student) and you or your spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2028

	FULL LEGAL NAME (as shown on SS card)	**Age**	**Relationship (to student)**
1			Self
2			
3			
4			
5			
6			

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____