

Parent Signature

(Signature cannot be typed)

2025-2026 Dependent Family Size Verification Worksheet

Campus Box 4038, 1 Kellogg Circle, Emporia, KS 66801-5415 P: (620) 341-5453 F: (620) 772-9205 finaid@emporia.edu

Date

Complete this form, attach copies of all requested documents. Failure to respond promptly will delay processing of your financial aid (CFR Title 34, Part 668). Please allow at least seven business days for processing after all the required documents have been submitted. Documents between July 1, 2025, and August 31, 2025, may take longer to process.		
Student's Name (Last, First, MI)		Student ID #
Date of Birth		Phone number
 their support* from your par Other people, if they live with from July 1, 2025, through July Unborn child cannot be included 	as provident includent ent(s) from and receive and solution and solution and solution fail and	ded on FAFSA e foster children), <u>if</u> they will receive more than half of m July 1, 2025, through June 30, 2026 eive more than half of their support* from your parent(s)
Full name of family member (Begin with yourself)	Age	Relationship to student (self, mother/step-mother, father/step-father, brother, sister, etc.)
Bee A. Hornet (Example)	19	Self
•		on reported on this form is complete and correct. I understand that r misleading information, I may be fined, sentenced to prison, or
Student Signature		 Date