



WAYNESBURG UNIVERSITY

2025-2026 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

_____ <i>Last Name</i>	_____ <i>First Name</i>	_____ <i>M.I.</i>	_____ <i>Student ID #</i>
_____ <i>Date of Birth</i>	_____ <i>Phone Number</i>	_____ <i>Student's Email</i>	_____ <i>Parent's Email</i>

Family and College Information

Dependent Student: Include the parent (and spouse or partner), the student, the parent's dependent children (even if they live apart because of college enrollment), and other people living with the parent now. Include dependent children and other people only if the parent will provide more than half of their support between July 1, 2025, and June 30, 2026. (Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.)

Independent Student: Include the student (and spouse), the student's dependent children (even if they live apart because of college enrollment), and other people living with the student now. Include dependent children and other people only if the student will provide more than half of their support between July 1, 2025, and June 30, 2026. (Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.)

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP TO STUDENT</u>
_____	_____	Student
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sign This Form

Each person signing this form certifies that all the information reported on this form is complete and correct.

Dependent Student: Student and one parent must sign. **Independent Student:** If married, spouse's signature is optional.

_____ <i>Student's Signature</i>	_____ <i>Date</i>	_____ <i>Parent's Signature or Spouse's Signature</i>	_____ <i>Date</i>
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