

Student Name: _____

Banner ID#: 800 _____

2024/25– V01



Financial Aid
SUNY BROCKPORT

DEPENDENT STUDENT FAMILY SIZE WORKSHEET

Family Size - Includes the following:

- The student.
- The student's parents, even if the student is not living with them. 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.
- The student's siblings if the following are true:
 - o They live with the student's parents (or live apart because of college enrollment),
 - o They receive more than half of their support from the student's parents, and
 - o They will continue to receive more than half their support from the student's parents during the award year.
- Other persons if the following are true:
 - o They live with the student's parents,
 - o They receive more than half of their support from the student's parents, and
 - o They will continue to receive more than half their support from the student's parents during the award year.

****Please Note:** Parents should not include any unborn children in the family size.

<u>FAMILY SIZE</u> NAME (Student and ALL Family Members)	Date of Birth (MM/DD/YYYY)	Relationship to Student
STUDENT		SELF
PARENT (mother/father/step parent) Name: _____		PARENT
PARENT (mother/father/step parent) Name: _____		PARENT

CERTIFICATION

By signing this worksheet, I certify that all the information reported is complete and accurate. False or misleading information on this worksheet may result in the loss of my financial aid and/or a fine/prison sentence or both.

Student's Signature _____

Date _____

Parent's Signature _____

Date _____