

Student Name: \_\_\_\_\_

Banner ID#: 800 \_\_\_\_\_

2024/25– V02



**Financial Aid**  
**SUNY BROCKPORT**

## INDEPENDENT STUDENT FAMILY SIZE WORKSHEET

Family Size - Includes the following:

- The student.
- The student's spouse, if applicable.
- The student's dependent children if the following are true:
  - o They live with the student (or live apart because of college enrollment);
  - o They receive more than half of their support from the student; and
  - o They will continue to receive more than half their support from the student during the award year.
- Other persons if the following are true:
  - o They live with the student;
  - o They receive more than half of their support from the student; and
  - o They will continue to receive more than half their support from the student during the award year.

**\*\*Please Note:** Student 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
<b>STUDENT</b>		<b>SELF</b>
<b>SPOUSE</b> Name:		<b>SPOUSE</b>

## 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 \_\_\_\_\_