

Student Name: _____

Banner ID#: 800 _____

2026/27 – 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	Relationship to Student
STUDENT		SELF
SPOUSE Name:		SPOUSE

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 _____