

Las Positas College FAMILY SIZE VERIFICATION WORKSHEET 2018-2019

Name of Financial Aid Applicant (Please Print)		
<i>Last</i>	<i>First</i>	<i>Middle</i>
Date of Birth: _____		
Student W# or Social Security Number: _____		

List the people you (if you are Independent) or your parent(s) (if you are Dependent) will support between July 1, 2018 and June 30, 2019. **If Independent**, include yourself, your spouse and your dependent children if they received more than half of their support, or they would be required to give parental information when applying for federal student aid (under age 24). **If Dependent**, include yourself, your parent(s), and your parent(s) other dependent children if they received more than half of their support, or if they would be required to give parental information when applying for federal student aid. Include other people as part of your family only if they lived with you or your parent(s) and got more than half their support from you or your parent(s) at the time you completed your student aid application AND they will continue to get more than half their support from you or your parent(s) from July 1, 2018 through June 30, 2019.

Write the names of all family members, their age, their relationship to you the student, and list the name of the college for any family member who will be attending at least half-time for at least one semester between July 1, 2018 and June 30, 2019, and will be enrolled in a degree or certificate program.

Please note that we reserve the right to verify this information.

FULL NAME	AGE	RELATIONSHIP TO STUDENT	NAME OF COLLEGE (IF HALF-TIME ATTENDANCE OR MORE DURING 2018-2019)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Signature of Applicant _____ Date _____