FINANCIAL AID SERVICES

2025-2026 Family Size Verification Worksheet

	First name		M.I.	Camel ID	
For DEPENDENT STUDENT	S, in the chart	below include:			
 Yourself (student) 					
 Your parent(s) (including st Your parent(s)' other deper support, and your parent(s) June 30, 2026). 	ndent children	if they currently I	_	parent(s) provide more tha	n half of their
 Other people if they current continue to provide this lev 		. , , .		half of their support, and y	our parent(s) will
If INDEPENDENT, include:					
 Yourself (student) 					
 Your spouse (if married) 					
 Your dependent children if 	they currently	live with you, you	provide more than half of the	eir support, and you will co	ontinue to provide
this level of support during		•			
 Other people if they curren support during the academ 			ore than half of their support,	and you will continue to pr	rovide this level of
Full Name of family member			Name of college or university where	Is student an	Enrollment Statu
residing in student's household during 2025-202 academic year	Age 26	Relationship	family member will be enrolled in 2025-2026	undergraduate or graduate student?	(full-time, ¾ time half-time)
		SELF	CONNECTICUT COLLEGE		
By signing this worksho	ot Loortifu th	and all the inform	nation reported on it is co	mploto and correct. If	donardant at
	-		nation reported on it is co	•	•
	-		nation reported on it is co	•	•
	-			•	•

Mail, attach to an email, or fax completed form to address below.

Student's Spouse Signature (if applicable)

Date*