

FRIENDS
UNIVERSITY
Office of Financial Aid

Financial Aid
Verification Worksheet
(Family Size)
2024-2025

N00

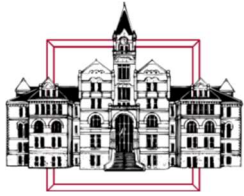
Student's Last Name	First Name	Student ID
@student.friends.edu ()		
E-mail Address (Friends Financial Aid will only respond to your student email)		Phone Number

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for a review process called verification. Complete the questions on this form and return the form to the Office of Financial Aid by fax at 316-295-5703 or mail. We will compare your answers to the FAFSA and make any necessary corrections. By law we have the right to ask for this information before awarding federal financial aid. No further processing will be completed until the requested documentation is received. *Please check your student email for correspondence from our office.*

FAMILY SIZE INFORMATION:

<p>Dependent Students: List the people in your parents' household. Include:</p> <ul style="list-style-type: none"> • Yourself. • Your parent(s) (including stepparent) even if you don't live with them: <ul style="list-style-type: none"> ○ 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. • Your siblings if the following are true: <ul style="list-style-type: none"> ○ They live with your parents (or live apart because of college enrollment) or ○ If your parents will provide more than half of the children's support from 7/1/2024 through 6/30/2025. • Other dependents if the following are true: <ul style="list-style-type: none"> ○ They live with your parents and ○ They receive more than half of their support from 7/1/2024 through 6/30/2025. 	<p>Independent Students: List the people in your household. Include:</p> <ul style="list-style-type: none"> • Yourself. • Your spouse if you have one. • Your dependent children or your spouse's children if the following are true: <ul style="list-style-type: none"> ○ They live with you (or live apart because of college enrollment); or ○ They will receive more than half of your support from 7/1/2024 through 6/30/2025. • Other dependents if the following are true: <ul style="list-style-type: none"> ○ They live with you and ○ They will receive than half of your support from 7/1/2024 through 6/30/2025.
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Full Name	Age	Relationship to Student
		<i>Self</i>



FRIENDS UNIVERSITY

Office of Financial Aid

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Full Name	Age	Relationship to Student

By signing this document, I/we certify that all the information reported is complete and accurate.

Student's Signature

Date

Parent Signature (Required)/Spouse Signature (Optional) Date

Typed signatures cannot be accepted.

If you have any questions, please call (316) 295-5100. You may submit this form in person, fax (316) 295-5703 or mail. Please be sure and encrypt any email that contains personal identifiable information (PII). We are unable to accept PII that has not been encrypted.

If you purposely give false or misleading information, you may be fined \$20,000, sentenced to jail or both.