

Student Name: _____ **CWID:** _____

Family Size

Family Size – Dependent Students include:

- The student.
- The student’s parents, even if the student is not living with them. 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.
- The student’s siblings if the following are true:
 - They live with the student’s parents (or live apart because of college enrollment),
 - They receive more than half of their support from the student’s parents, and
 - They will continue to receive more than half their support from the student’s parents during the award year.
- Other persons if the following are true:
 - They live with the student’s parents,
 - They receive more than half of their support from the student’s parents, and
 - They will continue to receive more than half their support from the student’s parents during the award year.

Family Size – Independent Students include:

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

The provided criteria for “dependent children” or “other persons” align with the requirement that family size align with whom the parent could claim as a dependent on a U.S. tax return if the parent were to file a U.S tax return at the time of completing the 2024-2025 FAFSA. As a result, the parent should not include any unborn children in the family size.

If more space is needed, provide a separate page with the student’s name and ID number at the top.

Full Name	Age	Relationship	Name of College Currently Attending
		<i>Self</i>	<i>Mercy University</i>

I (We) certify that the above stated information is correct and complete. I(We) understand that supplying false and incorrect information will result in the cancellation of all potential financial aid funds.

Student Signature & Date: _____ SFS Counselor: _____

Print Parent (or Spouse) Name: _____ Parent (or Spouse) Signature: _____