

2026-2027 Family Size for Dependent Students

MOUNT	Student ID:			_
ne below information so w	e may verify the far	mily size you listed on you	r FAFSA.	
yourself (the student):				
yourself (the student).		_		
Student's Name	Student's Age	_		
the parent(s) that has provide	ed you with the most f	inancial support in the past 1	L2 months. If your	parent(s) are
ude both parent(s). If your pa	rent is remarried, you	must include your stepparen	it:	
Parent's Name	Parent's Age	Relationship to Student		
- arent a realite				
	or other people that li	ive with the parent(s) listed a	pove and who rece	ived/will
your parent(s)' other children inue to receive more than hal	f of their financial supp	port from your parent(s). The		
your parent(s)' other children	f of their financial supp	port from your parent(s). The		
your parent(s)' other children inue to receive more than hal	f of their financial supp	port from your parent(s). The		
your parent(s)' other children inue to receive more than hal e claimed as dependents on y	f of their financial supp your parent's tax retur	port from your parent(s). The n:		
your parent(s)' other children inue to receive more than hal e claimed as dependents on y	f of their financial supp your parent's tax retur	port from your parent(s). The n:		
your parent(s)' other children inue to receive more than hal e claimed as dependents on y	f of their financial supp your parent's tax retur	port from your parent(s). The n:		
your parent(s)' other children inue to receive more than hal e claimed as dependents on y	f of their financial supp your parent's tax retur	port from your parent(s). The n:		
your parent(s)' other children inue to receive more than hal e claimed as dependents on y	f of their financial supp your parent's tax retur	port from your parent(s). The n:		
your parent(s)' other children inue to receive more than hal e claimed as dependents on y Full Name	f of their financial supp your parent's tax retur Age	Relationship to Student	se individuals mus	st be eligible
your parent(s)' other children inue to receive more than hal e claimed as dependents on y	f of their financial supprour parent's tax return Age hat all the information	Relationship to Student reported is complete and c	se individuals mus	st be eligible
your parent(s)' other children inue to receive more than hal e claimed as dependents on y Full Name	Age hat all the information the FAFSA must sign a	Relationship to Student reported is complete and cond date.	se individuals mus	st be eligible

Email documents to finaid@mountunion.edu Mail to the Office of Student Financial Aid, 1972 Clark Ave, Alliance, OH 44601 Fax documents to (330) 829-2814

Parent Signature: ______

Please do not send any personally identifiable information via email (e.g. Social Security Numbers, dates of birth, etc.).