2027-2028 Family Size for Dependent Students

Student Name: _____

Student ID: _____

Fill in the below information so we may verify the family size you listed on your FAFSA.

1. List yourself (the student):

Student's Name	Student's Age

2. List the parent(s) that has provided you with the most financial support in the past 12 months. If your parent(s) are married, include both parent(s). If your parent is remarried, you must include your stepparent:

Parent's Name	Parent's Age	Relationship to Student

3. List your parent(s)' other children or other people that live with the parent(s) listed above and who received/will continue to receive more than half of their financial support from your parent(s). These individuals must be eligible to be claimed as dependents on your parent's tax return:

Full Name	Age	Relationship to Student

Each person signing below certifies that all the information reported is complete and correct. The student and one parent
whose information was reported on the FAFSA must sign and date.

Student Name:_____ Date: _____

Student Signature: _____

Parent Name:_____Date _____

Parent Signature: _____

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

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

Questions? Contact the Office of Student Financial Aid
(330) 823-2674 finaid@mountunion.edu