2027-2028
Family Size for Independent 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 your spouse if you are married:

Spouse's Name	Spouse's Age

3. List your children or other people that live with you and received/will continue to receive more than half of their financial support from you during the award year. These individuals must be eligible to be claimed as dependents on your tax return:

Full Name	Age	Relationship to Student

Each person signing below certifies that all the information reported is complete and correct.

Student Name:_____ Date: _____

Student Signature: _____

Spouse Name:_____ Date: _____

Spouse Signature: _____

Email documents to finaid@mountunion.edu

Mail to the Office of Student Financial Aid, 1972 Clark Ave, Alliance, OH 44601

Fax documents M-F 8-4 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