



# 2024-25 FAFSA Verification

## Family Size Worksheet – Dependent Student

Phone: (402) 375-7229 Email: sfs@wsc.edu Fax: (402) 375-7067

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called "Verification." As part of this process, WSC is required to collect information to verify that the FAFSA is accurate. If any differences are found, we will make corrections on your behalf and you will receive an updated FAFSA submission summary (FSS). Financial Aid Awards cannot be finalized, and aid cannot be paid to the student account until verification is complete.

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**List below the people in your family size. Include:**

- Yourself – The student
- Your parent(s) (including a stepparent) even if the student does not currently live with the parent(s).
  - If your legal parents are divorced, separated, or were never married, list the parent who provides the greater amount of financial support.
    - If that parent is remarried, include their spouse as well.
- Your parent(s)' other children if the following are true:
  - They live with your parent(s), or live apart because of college enrollment,
  - They receive more than half of their support from your parent(s), and;
  - They will continue to receive more than half their support from your parent(s) during the award year.
- Other people if the following are true:
  - They live with your parent(s)
  - They receive more than half of their support from your parent(s), and;
  - They will continue to receive more than half their support from your parent(s) during the award year.

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

Full Name	Age	Relationship to You
Your Name:		Self
		Parent
		<input type="checkbox"/> Parent 2 <input type="checkbox"/> Stepparent <input type="checkbox"/> N/A
		<input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____

**Methods for submitting documents:**

- [Secure Upload](#) (preferred method)
- **Mail:** Student Financial Services  
Wayne State College  
1111 Main Street  
Wayne, NE 68787
- **Fax:** (402)375-7067

**Certification and Signature:**

**\*No Typed Signatures\***

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_