



2024-25 FAFSA Verification

Family Size Worksheet – Independent 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 spouse (if applicable)
- Your dependent children if the following are true:
 - They live with you, or live apart because of college enrollment,
 - They receive more than half of their support from you, and;
 - They will continue to receive more than half their support from you during the award year.
- Other people if the following are true:
 - They live with you,
 - They receive more than half of their support from you, and;
 - They will continue to receive more than half their support from you during the award year.

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

Full Name	Age	Relationship to You
<i>Your Name:</i>		Self
		<input type="checkbox"/> Spouse <input type="checkbox"/> N/A
		<input type="checkbox"/> Child <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Child <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Child <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Child <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Child <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Child <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Child <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: _____