

NEW RIVER
Community College
2024–2025 Dependent Family Size Verification Form
112 Department of Education to undergo a process Your financial aid application was selected by the U.S. Department of Education to undergo a process called verification. You and your parent must complete, sign, and submit this form listing the name and age of each of your parent(s)' family members and their relationship to you. The form must be submitted to the Financial Aid Office to continue the review process and determine your eligibility for federal student aid.

A. Student Information				
Student's Name (Last, First, M.I.)			Student ID - REQUIRED	
B. Family Information List the people in your parent(s)	family. Include the following:			
<ul> <li>Your parent(s)' dependence than half of their family size, though the half of their support from the opening of their support of their people if they not continue to provide more space is needed attach as the support of the people if they not continue to provide more space is needed attach as the support of the people in th</li></ul>	ir spouse or partner, including a steppar lent children (even if they live apart beca support between July 1, 2024 and June family size can be updated if the child is m your parent(s). by live with your parent(s) and your pare they than half of their support through Jun an additional sheet with the student's nar	ause of college enro 30, 2025. Unborn s born during the avent(s) provide more ne 30, 2025.	ollment), if your parent(s) will provide children should <u>not</u> be included in the ward year and will receive more than than half of their support and will	
and date the additional sheet.  First Name	Last Name	Age	Relationship to You	
EXAMPLE: Missy	Jones	18	Sister	
			Self	
	<del></del>			
	-			
information is attached. The stu-	atures ies that all the information reported on to dent and one parent MUST sign and dat ive false or misleading information or	te this section.		
Parent Signature			 Date	