

Office of Financial Assistance
Phone: (508)793-7478 Fax: (508)793-8802
950 Main Street, Worcester, MA 01610
Prospective Students Submit at apply.clarku.edu/status
Current Students Submit Through CUWeb

## 2024-2025 Verification Family Size (Dependent Student)

Student Name:		Clark University ID #*:		
Number of Household Members: List belo	ow the	people in the parent	<u>s' household</u> . Include:	
<ul> <li>The student.</li> <li>The parents (including a stepparent)</li> <li>The parents' other children if the paragram of the pa</li></ul>	rents w uld be r her of t ie pare of that p	ill provide more than required to provide p these standards, even nts and the parents p person's support thro	half of the children's support farental information if they wern if a child does not live with the rovide more than half of the others.	e completing a FAFSA for 2024 e parents. her person's support, and will
Number in College: Include in the space to enrolled <u>at least half time</u> in a degree, di between July 1, 2024, and June 30, 2025.  If more space is needed, provide a separate	ploma, , and in	or certificate prograr clude the name of th	m atan eligible postsecondary o e college.	educational institution any time
Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
		Self	Clark University	
Note: We may require additional documents enrolled in eligible postsecond				regarding the household
Student's Signature			Date	. <u></u>

Date

Parent's Signature