

Office of Financial Assistance Phone: (508)793-7478 Fax: (508)793-8802 950 Main Street, Worcester, MA 01610

Prospective Students Submit at <u>apply.clarku.edu/status</u> Current Students Submit at <u>https://upload.clarku.edu/form/dropbox</u>

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

Student Name:			Clark University ID #*:	
Number of Household Members: List bel	ow the	people in the <u>parer</u>	<u>its' household</u> . Include:	
<ul> <li>The student.</li> <li>The parents (including a stepparent)</li> <li>The parents' other children if the pa 30, 2025, or if the other children wo 2025. Include children who meet eit</li> <li>Other people if they now live with the continue to provide more than half</li> <li>Number in College: Include in the space enrolled at least half time in a degree, dibetween July 1, 2024, and June 30, 2025</li> <li>If more space is needed, provide a separate</li> </ul>	rents wuld be r ther of the pare of that p below in ploma, , and in	ill provide more that required to provide these standards, ev- nts and the parents person's support thr information about a or certificate progra clude the name of t	n half of the children's support from the parental information if they were en if a child does not live with the provide more than half of the other ough June 30, 2025.  The provide more than half of the other ough June 30, 2025.  The provide member, excluding am at an eligible posts econdary of the college.	e completing a FAFSA for 2024 e parents. her person's support, and will g the parents, who is, or will be 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 docum members enrolled in eligible postsecond				egarding the household
Student's Signature			Date	

Date

Parent's Signature