

For Office Use Only:



2024-2025 Family Size Verification Form

Student Name: _____ Bear ID: _____

Please check "Dependent" or "Independent" below and clarify the members in your household.

_____ **Dependent Students-** in the box below, include:

- Yourself
- Your parent(s) who are listed on the FAFSA
- Your parents' other children, if:
 - they get more than half of their support from your parent(s)
 - they would be required to provide parental information on the 2024-25 FAFSA
- Other people: **only if** they now live with and get more than half of their support from your parent(s) and the support will continue July 1, 2024 to June 30, 2025.

_____ **Independent Students-** in the box below, include:

- Yourself
- Your spouse
- Your children, if they get more than half of their support from you and/or your spouse.
- Other people: **only** if they now live with you and get more than half of their support from you and the support will continue July 1, 2024 to June 30, 2025.

By signing this form, you confirm the above statements regarding support are true.

Full Name	Date of Birth mm/dd/yy	Relationship to Student
		Self

Student Signature

Date

Parent Signature (if DEPENDENT)

Date

Return completed form to:
Financial Aid Office ~ Bridgewater State University
45 Plymouth Street, Bridgewater, MA 02325 ~ (508) 531-1341 ~ Fax (508) 531-1728