COMMUNITY
COLLEGE
of AURORA

2024-25 Family Size - Independent Student

Student Name (print): _____

Student ID Number: _____ Phone: _____

Student E-mail: _____

Note: Your school email account is the only email your institution will accept for correspondence.

Family Size

Write the names of all the people in your family size in the chart below:

1. Include **yourself** (the student) and your spouse, if you are married.
2. Include **your children or your spouse's children**, if you or your spouse **will provide more than half of their support between July 1, 2024, and June 30, 2025**. Even if the children do not live with you.
3. Include **other dependents**, if they now live with you or your spouse will continue to **provide more than half of their support through June 30, 2025**.

Note: The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the parent could claim as a dependent on a U.S. tax return if the parent were to file a U.S tax return at the time of completing the 2024-2025 FAFSA. As a result, unborn children should not be included in the family size.

First & Last Name of Each Family Member	Age	Relationship to Student
(EXAMPLE) Craig Jones	*18*	*Brother*

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Each person signing certifies that all the information reported is complete and correct. If married, the spouse's signature is optional.

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student's Signature: _____   Date: _____

Spouse's Signature: _____   Date: _____

IMPORTANT: **Financial Aid can only pay for the classes required by your declared major. Please refer to your degree check or make an appointment with your advisor.**