

Parent Signature

2024-25 Dependent Family Size Verification Form

<u>Middletown Campus</u> 173 Skirmisher Lane| Middletown, VA 22645

Fauquier Campus

Date

6480 College Street | Warrenton, VA 20187

Phone: 540-868-7130 | Fax: 540-868-7274 Email: finaid@laurelridge.edu

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.

Student Information				
Student's Name (Last, First, M.I.)			Student ID - REQUIRED	
Family Information List the people in your parent(s)' family	. Include the following:			
	. Therade the following.			
• Yourself				
 Your parent(s)' dependent children half of their support between July 	1, 2024 and June 30, 2025. Unbor	college enrollment en children should <u>no</u>	with your parent(s)), if your parent(s) will provide more than ot be included in the family size, though the e than half of their support from your	
= : : :		provide more than h	nalf of their support and will continue to	
the additional sheet.		e and ID at the top. '	The student and parent must sign and date	
First Name	Last Name	Age	Relationship to You	
EXAMPLE: Missy	Jones	18	Sister	
			Self	
	-			
s attached. The student and one parer	nt MUST sign and date this section	1.	nplete, correct, and any additional information on may be fined, sentenced to jail, or bot	
Student's Signature			 Date	