



Serving Richmond and Scotland Counties

2024-2025 Number of Household Members Independent Student

Student Name: _____ Student ID: _____
Last First MI

Telephone: _____ E-mail: _____ Date of Birth: _____

Family Size - Includes the following:

- The student and student's spouse, if applicable.
- The student's dependent children if the following are true:
 - o They live with the student (or live apart because of college enrollment);
 - o They receive more than half of their support from the student; and
 - o They will continue to receive more than half their support from the student during the award year.
- Other persons if the following are true:
 - o They live with the student;
 - o They receive more than half of their support from the student; and
 - o They will continue to receive more than half their support from the student during the award year.

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

Full Name	Age	Relationship to Student
		<i>Self</i>

Certification and Signature

If you are the student, by signing this application you certify that you

- (1) will use federal and /or state student financial aid only to pay the cost of attending an institution of higher education,
- (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it,
- (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it,
- (4) will notify your college if you default on a federal student loan and
- (5) will not receive a Federal Pell Grant for more than one college for the same period of time.

If you are the student, by signing this application you certify that all of the information you provided is true and complete to the best of your knowledge and you agree.

 Student's Signature (Required) _____
Date