

# 2025-26 Family Size Verification for Dependent Students



All documents should be signed and submitted via secure file upload at [link.stthomas.edu/FAfiledrop](https://link.stthomas.edu/FAfiledrop)

## Student Information

Full Name  ID Number

Street  City

State  Zip Code  Phone

## Family Information

Please include the following people in the chart below

- The student
- The student's parents, even if the student is not living with them. If divorced or separated, this should be the parent who completed the FAFSA and provides most of the financial support to the student. Exclude a parent/stepparent who has died.
- The student's siblings if the following are true:
  - They live with the student's parents (or live apart due to college enrollment),
  - They receive more than half of their support from the student's parents, and
  - They will continue to receive more than half their support from the student's parents during the 2025-26 award year.
- Other persons if the following are true:
  - They live with the student's parents,
  - They receive more than half of their support from the student's parents, and
  - They will continue to receive more than half of their support from the student's parents during the award year.

Exclude any unborn children in the family size.

If more space is needed, provide a separate page with the students's name and ID number at the top of the page.

Full Name	Age	Relationship
<input type="text"/>	<input type="text"/>	<i>Self</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**By signing this form, you certify that the information provided is complete and correct.**  
**WARNING: If you purposely give false or misleading information on the form, you may be fined, sentenced to jail, or both.**

.....  
 Student Signature

.....  
 Date

.....  
 Parent Signature

.....  
 Date

Mail or upload this worksheet with tax documents to:  
 University of St. Thomas  
 Financial Aid Office - Mail 5007  
 2115 Summit Avenue, St. Paul, MN 55105  
[link.stthomas.edu/FAfiledrop](https://link.stthomas.edu/FAfiledrop)