

2025-26 Family Size Verification for Independent Students



All documents should be signed and submitted via secure file upload at link.stthomas.edu/FAfiledrop

Student Information

Full Name	<input type="text"/>	ID Number	<input type="text"/>
Street	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip Code	<input type="text"/>
		Phone	<input type="text"/>

Family Information

Please include the following people in the chart below

- The student
- The student's spouse, if applicable.
- The student's dependent children if the following are true:
 - They live with the student (or live apart due to college enrollment),
 - They receive more than half of their support from the student, and
 - They will continue to receive more than half their support from the student during the 2025-26 award year.
- Other persons if the following are true:
 - They live with the student,
 - They receive more than half of their support from the student, and
 - They will continue to receive more than half of their support from the student during the award year.

Exclude any unborn children in the family size.

If more space is needed, provide a separate page with the student'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.

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Student Signature

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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

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Spouse Signature (if applicable)

.....
Date