



Please return this form to:  
 Wilmington College 937.382.6661 x600  
 Pyle Box 1184 wilmington.edu  
 1870 Quaker Way sos@wilmington.edu  
 Wilmington, OH 45177

2025-2026 DEPENDENT STUDENT FAMILY SIZE VERIFICATION

**SECTION A: STUDENT INFORMATION**

STUDENT NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**SECTION B: HOUSEHOLD INFORMATION**

LIST *YOURSELF* (THE STUDENT) BELOW.

FULL NAME	AGE	RELATIONSHIP
		Self

LIST YOUR PARENT(S) (OR STEP-PARENT IF APPLICABLE) BELOW EVEN IF YOU ARE NOT LIVING WITH THEM. EXCLUDE A PARENT WHO HAS DIED OR IS NOT LIVING IN THE HOUSEHOLD BECAUSE OF SEPARATION OR DIVORCE. INCLUDE A PARENT WHO IS ON ACTIVE DUTY IN THE US ARMED FORCES APART FROM THE FAMILY.

If your parents are separated or divorced, include *only* the parent whose information you provided on the FAFSA.

If your parent on the FAFSA is remarried, you must include information about your step-parent.

FULL NAME	AGE	RELATIONSHIP TO STUDENT
		<input type="checkbox"/> PARENT <input type="checkbox"/> STEP-PARENT
		<input type="checkbox"/> PARENT <input type="checkbox"/> STEP-PARENT

LIST YOUR SIBLINGS BELOW if all the following is true: Include children who meet either of these standards even if the child(ren) do not live with your parent(s). Your parent(s) will provide more than half of their support from July 1, 2025 through June 30, 2026. Foster children should not be included in the family size.

LIST OTHER PERSONS BELOW ONLY IF: they now live with your parent(s) and your parent(s) provide more than half of their support AND will continue to provide more than half of their support through June 30, 2026.

The provided criteria for "dependent children" or "other persons" mirror the requirement that family size align with those 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 2025-2026 FAFSA. As a result, the parent should not include any unborn children in the family size.

FULL NAME OF FAMILY MEMBER	AGE	RELATIONSHIP TO STUDENT

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

PLEASE NOTE: WE MAY REQUIRE ADDITIONAL DOCUMENTATION IF WE HAVE REASON TO BELIEVE THAT THE INFORMATION REGARDING THE FAMILY SIZE IS INACCURATE.

**SECTION C: CERTIFICATION**

*By typing my name below, which serves as my electronic signature, I certify the information on the form and any associated documents submitted are accurate and complete to the best of my knowledge and that there is no forgery. The information supplied on this form supersedes that which was provided on the FAFSA. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.*

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_