



Family Size Verification

Failure to complete this form accurately may result in an adjustment to your financial aid eligibility and financial aid offers. Be sure you add the required signature(s) to the Certification section.

Academic Year 2024-2025

Return this completed form by:

Mail: Financial Aid & Scholarships
University of Minnesota Crookston
2900 University Ave
Crookston MN 56716

Email: umc-fa@umn.edu

Questions?

Ph: 218-281-8550

umc-fa@umn.edu

Family members' criteria		
Please list all family members or any other people who belong to your household, including yourself, in the Household member listing below, using these criteria:		
Dependent students: List the people whom your parents will support between July 1, 2024, and June 30, 2025, including:		
<ul style="list-style-type: none"> • Yourself (in the field marked "Your full name") • Parent(s) and/or stepparents if your parents are both living and married to each other (not separated), list both. If your parent is widowed and remarried as of today, list your parent and stepparent. If your parents are divorced or separated, list the parent with whom provided more financial support during the past 12 months. Also, list the stepparent if a parent has remarried. • Parents' dependent children if your parent(s) provides more than half of the support for any dependent children, or if those children would be required to give parental information when applying for federal financial aid themselves. • Other people if any other person lives with and receives more than half of her/his support from your parent(s) and will continue to receive more than half of her/his support from your parent(s) during the time period above. 		
Independent students: List the people whom you and your spouse will support between July 1, 2024, and June 30, 2025, including:		
<ul style="list-style-type: none"> • Yourself (in the field marked "Your full name") • Your spouse (if you are married) • Your dependent children if you and your spouse provide more than half of the support of any dependent children. • Other people if those people live with and receive more than half of their support from you (or your spouse) and will continue to receive more than half of their support from you (or your spouse) during the time period above. 		
Family member listing		
Based on the criteria given in the direction above, how many people live in your household (if you have independent status) or your parent's household (if you have dependent status)? Include yourself in the total number. List each person below.		
Your full name	Student ID Number	Birthdate
UMC Email	Contact Phone Number	Social Security Number
Full name	Relationship to you (the student)	Birthdate
Full name	Relationship to you (the student)	Birthdate
Full name	Relationship to you (the student)	Birthdate
Full name	Relationship to you (the student)	Birthdate

Full name	Relationship to you (the student)	Birthdate
Full name	Relationship to you (the student)	Birthdate
Full name	Relationship to you (the student)	Birthdate
Full name	Relationship to you (the student)	Birthdate

Certification

Please provide your signature and, if you are a dependent student, the signature of a parent. By providing your signatures, you are certifying that all the information contained on this form is complete and correct.

Signature (required)	Date Signed
Parent signature (required for dependent students only)	Date Signed