

227 West 27th Street New York, NY 10001-5992 Room A212A Financial Aid Services Tel. (212) 217-3560 Fax. (212) 217-3561 fitnyc.edu/fadocsupload

Family Size Form Dependent Student 2025-2026

PLEASE PRINT CLEARLY

ourself (Your Name)		FIT ID # @	
List your Parent(s). If your parent is remarried include who provided the most financial support in the 12 m			the parent
Parent(s) Name		Relationship	
List your siblings, only if your parents will provide July 1, 2024, and June 30, 2025, even if they live apar under IRS code, such as due to college enrollment.			
Sibling(s) Name	Age	Relationship	
Other people if they are living with your parents AND		will provide more than 50% of th	ıeir
financial support between July 1, 2024 and June 30,			
Name	Age	Relationship	
	- <u> </u>		
Student (Typed signatures are not accepted.)		Date	
Parent (Typed signatures are not accepted.)		- Date	

All documents must be uploaded to the **"Financial Aid Document Upload"** link on the FIT portal **Myfit.fitnyc.edu**. For directions on how to upload documents to this link go to **fitnyc.edu/fadocsupload**