

## Family Size Form Dependent Student 2025-2026

PLEASE PRINT CLEARLY

Yourself (Your Name) \_\_\_\_\_ FIT ID # @ \_\_\_\_\_

List your Parent(s). If your parent is remarried include step-parent (If divorced/separated only include the parent who provided the most financial support in the 12 months prior to filing your FAFSA).

Parent(s) Name	Relationship
_____	_____
_____	_____

List your siblings, **only if your parents will provide more than 50% of their financial support** between July 1, 2024, and June 30, 2025, even if they live apart from the parents due to a qualifying temporary absence under IRS code, such as due to college enrollment.

Sibling(s) Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other people if they are living with your parents **AND your parents will provide more than 50% of their financial support** between July 1, 2024 and June 30, 2025.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
**Student** (Typed signatures are not accepted.) \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent** (Typed signatures are not accepted.) \_\_\_\_\_  
**Date**