University of Wisconsin
Eau Claire

2024-2025 Verification Worksheet

Family Size   IVF25

A. Student Information   DEPENDENT STUDENT

_____   _____
Last name   First name   M.I.   Blugold ID #

_____   _____
Address (include apartment number)   Date of birth

_____   _____
City   State   Zip Code   Phone number

B. Family Size Information

How many people are in your parent's family?   [   ]   *List their names in the box below*

Family Size - Includes the following:

▪ The student.
▪ The student's parents, even if the student is 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 U.S. Armed Forces
  apart from the family.
▪ The student's siblings if the following are true:
   o They live with the student's parents (or live apart because of college enrollment),
   o They receive more than half of their support from the student's parents, and
   o They will continue to receive more than half their support from the student's parents during the award year.
▪ Other persons if the following are true:
   o They live with the student's parents,
   o They receive more than half of their support from the student's parents, and
   o They will continue to receive more than half their support from the student's parents during the award year.

The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom 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 2024-2025 FAFSA. As a result, the parent should not include any unborn children in the family size.

Full Name	Age	Relationship
1.		Self
2.		
3.		
4.		
5.		
6.		

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

C. Certification and Signature

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.
Each person signing below certifies that all the information reported is complete and correct. At least one parent must sign.

_____   _____
Student Signature *(Wet Signature Required)*   Date   Parent Signature *(Wet Signature Required)*   Date
                                                                   Parent Phone Number _____

Return the completed form to **Blugold Central Student Services**