Vermont State University

Return this form in-person, or via one of the following …
- Email: **FinancialAid@VermontState.edu**
- Fax: **802-468-6097**
- Mail: **Attn: Financial Aid, 62 Alumni Drive Castleton, VT 05735**

Student Name: _____ Student ID#: _____

2027-2028 Independent Family Size Form

The U.S. Department of Education and/or Vermont State University selected your file for "Verification". The Financial Aid office is required to compare the information from your FAFSA application with the information on this Family Size form and any other documents requested. If there are differences between your application and submitted documents, we will be required to make corrections to your FAFSA. If corrections are made, you will then receive an updated FAFSA Submission Summary from the FAFSA Processing System. This may result in an adjustment to your financial aid eligibility. ***Federal Student Aid will not be disbursed into your student billing until all verification tasks have been completed and reviewed.***

Family Size

Include the following family in the table below:

- **The student** *(yourself)*
- **The student's spouse** *(if applicable)*
- **The student's dependent children if ALL the following are true:**
  - They live with the student *(or live apart because of college enrollment).*
  - They receive more than half of their support from the student.
  - They will continue to receive more than half their support from the student during the award year.
- **Other persons if the following are true:**
  - They live with the student.
  - They receive more than half of their support from the student.
  - They will continue to receive more than half of their support from the student during the award year.

The provided criteria for "dependent children" or "other persons" match 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 2027-2028 FAFSA. As a result, the parent should not include any unborn children in the family size.

Full Name	Age	Relationship
		Self

Certifications and Signatures
Each person signing below certifies that all the information reported is complete and correct.

Warning: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both.

Student's Signature: _____ Date: _____

ImageNow: Verification