VRHD25



WAYNE STATE UNIVERSITY | Office of Student Financial Aid

The Welcome Center • 42 West Warren • P.O. Box 2340 • Detroit, MI 48202-0340 • Fax: 313-577-6648 studentservice@wayne.edu • Check your aid status at academica.wayne.edu

2024-25 Verification of Family Size – Dependent Student

						<u> </u>			
Student'	s First Name					9-digit WSU Student ID#			
Student'	s Last Name					Phone Number			
	partment of Education the FAFSA is accurat								
NUMBE	R OF FAMILY	MEMBERS:	List below th	ne ped	ple	e in the parents	s' family house	ehold	
informatio	al parents are marr on about both. You l ed by the state.						- :	-	
	ude a parent who has U.S. Armed Forces ap	_		l becau	se o	f separation or divo	rce. Do include a p	arent wh	io is on active
Step 1	Parent 1 - Full name			Age		Parent's spous	se/partner – Fu	e Age	
FULL names of self, siblings, and other Household Members: Self, Siblings, and Others Supported (See above) Include your parent's other of Your parent's other of Your parent's other household more than a supported (See above) AG			re than half of the V live with your p	eir supp parents ort from	ort and	from July 1, 2024, t d your parents prov	through June 30, 20 vide more than hal une 30, 2025. lings and other ers: Self, Siblings,	025.	
			Self (Studer	nt)					Statisfaction
			SIBLING		-				
					L				
	t here if you have a le your name and st						te sheet.		
	•	IGNATURES: t and one parent wh ding information, you	ose information	was rep	ort	ed on the FAFSA mເ			
	Student signature	aandwritten with ink o	Date		R	EQUIRED Parent sig	gnature		Date