VRHS25



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 – Independent Student

Student's First Name			9-digit WSU Student ID#			
Student's Last Name			Phone Number			
The U.S. Department of Education provided on the FAFSA is accurated an electronic version of this f	te. Please complete	and submit this form to t	he Office of Student Fin	ancial Aid within 14 b i		
NUMBER OF FAMILY	MEMBERS -	- LIST the people	e in your house	hold		
• Include yourself,	and					
Include your spouse, if you are married, and						
-	-	ndent children (even i half of their support fr	· ·	_		F you or
	-	re with you now and ye more than half of the		=		
FULL (first and last) names of se and other Household Members: spouse, and Others Supported (S	Self,	Relationship to student (i.e., spouse, child)	FULL (first and last) n other Household Me and Others Supported	mbers: Self, spouse,	AGE	Relationship to student (i.e., spouse, child)
		Self (Student)				
Check here if you have a Include your name and st	tudent ID number o		nitted to our office.		s comple	ete and correct
		false or misleading info				
Student signature	e (Signature must be handwritten with ink or stylus)			Date		