

2024-2025 Dependent Family Size Clarification Form

	Submit securely online: ksu.edu/sfa/upload		Deliver in person: 119 Anderson Hall 919 Mid-Campus Drive Nortl Manhattan, Kansas 66506-0107	
tudent's Name (Last, First, MI)		Wilc	lcat Identification Number	
tudent's K-State Email Address		Stuc	lent's Phone Number	
here is an inconsistency with the neAFSA.	umber of family m	embers between your origi	nal Dependent Verification Form and your	
2025 or they would be required to Other people, if they now live with continue to do so from July 1, 20. Note: Support is defined as providing foo elpful Hints: The parent listed below should be Provide the complete date of bird Do not include a parent not livin Do not include foster children or Do include a step-parent if your	with your parent(s) y are living togetheive more than had provide parents, the 24 through June 3 and, housing, medical/destanding in the household children who received	er, even if they are not marr If of their support from your I information when applying tey receive more than half of 10, 2025. ental care or health insurance, car in se information was reported leach family member. d due to separation or divor eive child support funding from the series are married.	parents from July 1, 2024 through June 30, g for federal financial assistance. If their support from your parents and will insurance, money or other financial resources. I on your FAFSA. I on your parent(s).	
Full Name of Family Member Begin with yourself	Date of Birth Ex. 11/17/2005 Do not leave blank.	Relationship to Studer Self, mother/step-mother, father/step-father, brother, sister, etc.	nt	
		Self		
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