

2026-2027 Verification of Family Size

Student Name: _____ **CVCC Student ID:** _____

FAMILY SIZE INFORMATION:

Please check one box (*Dependent or Independent*). In the table below, list the names of ALL family members who reside in the household. If additional space is needed, please attach a separate form.

Dependent Student, include

- Yourself (Student)
- Parent(s) including step-parent
- Parents' dependent children, and other people living in the household, if your parent(s) will provide more than half of their support from July 1, 2026 through June 30, 2027.

Independent Student, include

- Yourself (student)
- Your spouse (if married)
- Your children, and any other individuals that you will provide more than half of their support from July 1, 2026 through June 30, 2027.

Family Member	Full Name	Age	Relationship
1			Self
2			
3			
4			
5			
6			

Certification and Signature

If I purposely give false or misleading information on this worksheet, I may receive a fine, a prison sentence, or both. By signing, I am certifying all information is complete and correct.

Student Signature: _____ **Date:** _____

No electronic or typed signatures

Parent Signature: _____ **Date:** _____

(Required for Dependent) No electronic or typed signatures

For the security of your personal information, CVCC's Scholarships & Financial Aid Office encourages you to upload completed forms to our secure mailbox at <https://cvcc.tech/finaidfr>