

A. Student & Parent Information

2024-2025 Dependent Family Size Verification Form

The purpose of this worksheet is to verify that the information reported on your 2024-2025 Free Application for Federal Student Aid (FAFSA) is correct and complete. To do so, we will compare your FAFSA with the information you provide on this worksheet, as well as any other documents requested in conjunction with this form. If differences are found, we will correct your FAFSA accordingly. Once you complete the form, you may be asked for supplemental information, which should be promptly provided to the Office of Financial Aid Services for processing.

Student's Full Name:			Moravian ID:	
Parent's Full Name(s):				
Parent's Email Address(es):				
B. Family Members				
 The student The student's parent(s) The student's sibling(Other persons* * Include siblings and other than the student's the	s)* ner person s parents (If of their s	s ONLY IF the follow or live apart because of support from the stude	of college enrollment)	
Full Name	Age	Relationship to student	Name of College (if enrolled)	Will be enrolled at leas half time (6 credits)?
Example: Amos Comenius	18	Brother	Moravian University	Yes
		Self	Moravian University	
If more space is needed, please attach a	separate po	age and include the sti	udent's name and Moravian ID at the top	
C. Certification and Signat Each person signing below certifies that reported on the FAFSA must sign and do	all of the i	nformation reported is	s complete and correct. The student and one parent	t whose information was
Student Signature Required (no typed signature permitted)				
Parent Signature Required (no typed signature permitted)				

Parent Signature Required (no typed signature permitted)