



# Financial Aid and Scholarships

SOUTHEASTERN LOUISIANA UNIVERSITY

## 2024 – 2025 VERIFICATION OF FAMILY SIZE

Student's Name: \_\_\_\_\_

W#: \_\_\_\_\_

List the people in your household. Include the following:

- Yourself and your spouse, if you are married.
  - Do not include spouse if you are separated
- Your children, if you will provide more than half of their total financial support from July 1, 2024, through June 30, 2025.
- Unborn children cannot be added to the family size until after they are born and given that the child is born before June 30, 2025. An official birth certificate must be provided detailing the date of birth.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2025.

Full Name	Age	Relationship to Student
		Self

### Certification and Signatures

I certify that all of the information reported on this worksheet is complete and correct. The student must sign and date this worksheet. If married, the spouse's signature is optional. **Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (as applicable)

\_\_\_\_\_  
Date