

Parent Signature:

## 2024-25 Family Size Worksheet

**Return To:** The Office of Financial Aid Duesenberg Welcome Center, 1620 Chapel Drive, Valparaiso, IN 46383

Fax: 219.464.5012 Email: Finaid@valpo.edu

Date: \_\_\_\_\_

tudent Name: Valpo ID #:						
Household Information In the table below report information for everyo	one in your hou	ıseho	old who has resided there from	July	1, 2024 to June 30, 2025:	
<ul> <li>Yourself (full name and age)</li> </ul>						
If applicable, your Spouse if married						
• If applicable, include your Parent(s) you we	ere required to	use o	on your Free Application for Fo	edera	al Student Aid (FAFSA).	
<ul> <li>If your parents are divorced or sepa do not live with them. If both paren months, use the parent with the greatinformation.</li> </ul>	ts provided an	exac	ctly equal amount of financial s	suppo	ort during the past 12	
<ul> <li>Include siblings or any dependent children are providing more than 50% of their support</li> </ul>		away	at college during this time and	l/or v	who You/Spouse/Parent(s)	
<ul> <li>Include others who reside in the household support. (Do not include children for who</li> </ul>				ore th	nan 50% of their	
Full Name	Age		Relatio	tionship		
		$\square$	Self			
			Student Spouse (if married)		Student's Child	
			Parent/Stepparent		Other:	
			Sibling			
			Parent/Stepparent		Student's Child	
			Sibling		Other:	
			Parent/Stepparent		Student's Child	
			Sibling		Other:	
			Parent/Stepparent		Student's Child	
			Sibling		Other:	
			Parent/Stepparent		Student's Child	
			Sibling		Other:	
			Parent/Stepparent	_	Student's Child	
			Sibling		Other:	
		_	Sioning		Other.	
I certify all the information reported is complete ent information was required on the FAFSA. A				ne pa	arent must also sign if par-	
Student Signature:			Date:			
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