

Family Size Statement

2024-2025

Student Name: _____

Hope College ID Number: _____

We are reviewing your 2024-25 financial aid application and need more information about your family size. Family size includes the following:

- You (the student)
- The student’s parents, even if the student is not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- The student’s siblings if the following are true:
 - They live with the student’s parents (or live apart because of college enrollment),
 - They receive more than half of their support from the student’s parents, and
 - They will continue to receive more than half their support from the student’s parents during the award year.
- Other persons if the following are true:
 - They live with the student’s parents,
 - They receive more than half of their support from the student’s parents, and
 - They will continue to receive more than half their support from the student’s parents during the award year.

The provided criteria for “dependent children” or “other persons” align with the requirement that family size align with whom the parent could claim as a dependent on a U.S. tax return if the parent were to file a U.S. tax return at the time of completing the 2024-25 FAFSA. As a result, the parent should not include any unborn children in the family size.

| First & Last Name of Each Family Member | Age | Relationship to Student |
|---|-----|-------------------------|
| You (the student) | | Self |
| | | |
| | | |
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Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and parent whose information was reported on the FAFSA must sign and date. Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature: _____

Date Signed: _____

(signature must be in ink)

Parent Signature: _____

Date Signed: _____

(signature must be in ink)