Office of Financial Aid 100 East 8th Street, Suite 230 Holland, MI 49423 P: 616.395.7765 | F: 616.395.7160 finaid@hope.edu hope.edu/financialaid

Family Size Statement

2025-2026

Student Name:	Hope College ID Number:	
We are reviewing your 2025-26 financial aid application and rincludes the following:	need more information abou	ut your family size. Family size
 You (the student) The student's parents, even if the student is not living in the household because of separation or divorce. In Forces apart from the family. The student's siblings if the following are true: They live with the student's parents (or live and the preceive more than half of their supporting. They will continue to receive more than half year. Other persons if the following are true: They live with the student's parents, They receive more than half of their supporting. They will continue to receive more than half year. 	nclude a parent who is on acc apart because of college end t from the student's parents f their support from the stud t from the student's parents	tive duty in the U.S. Armed rollment), , and lent's parents during the award
The provided criteria for "dependent children" or "other person whom the parent could claim as a dependent on a U.S. tax re of completing the 2025-26 FAFSA. As a result, the parent shape of the completion of th	turn if the parent were to fil	e a U.S. tax return at the time
First & Last Name of Each Family Member	Age	Relationship to Student
You (the student)		Self
Certifications and Signatures		
Each person signing below certifies that all of the information rewhose information was reported on the FAFSA must sign and conformation, you may be fined, sent to prison, or both.	•	-
Student Signature:	Date Signed:	
(signature must be in ink)	Date digited.	
Parent Signature:		
	Date Signed:	