

Office of Financial Aid

2016-2017 Family Size Verification Form

The purpose of this form is to verify your family size, number in college and additional financial information. Please complete and return this form to the Financial Aid Office by US Mail, FAX, or Email. For questions, call 717.691.6007.

M.I.

Messiah College Student ID

First Name

Student Information

Last Name

Date of Birth Home Pl	hone Number	Student's E-mail	Parent's E-mail
Family and College Inform	<u>nation</u>		
June 30, 2017. Include your par support from your parents, or if t	ents and yourself. Includ they would be required to	e your parents' other chil provide parental informa	will support between July 1, 2016 and dren if they receive more than half their ation when applying for Title IV Federal nore than half of their support from you
2017. Include yourself and your others only if they meet the follow	spouse. Include your ch wing criteria: 1) they now	ildren, if they get more the live with you, and 2) the	ort between July 1, 2016 and June 30 nan half their support from you. Include by now get more than half their support cal and dental care, payment of college
	ole to participate in the Federal	student aid programs. Alway	d for enrollment) at least half-time working toward is include yourself (the student) in the number in the pers attending college.
Full Name	<u>Age</u>	<u>Relationship</u>	College Attending 2016-2017
		You, the student	Messiah College
		You, the student	Messiah College
Sign This Form Each person signing this form ce Dependent Student: Student and		ion reported on this form	