

2024-2025 Family Size Verification Form

The purpose of this form is to verify your family size and additional financial information. Please complete and return this form to the Financial Aid Office by US Mail, fax, or secure upload. For questions, call 717-691-6007.

Last Name		First Name	M.I.	Student ID #	
Date of Birth	Phone Number	Studer	nt's Email	Parent's Email	
Family and Colle	ege Information				
live apart because of people only if the pa	college enrollment), and	other people living wi an half of their supp	th the parent now. Incluort between July 1, 202	dependent children (even if they de dependent children and other 4, and June 30, 2025. (Support t of college costs, etc.)	
of college enrollmen the student will provi	t), and other people living	with the student no support between Jul	w. Include dependent of the state of the sta	(even if they live apart because children and other people only if 2025. (Support includes money, , etc.)	
<u>NAME</u>		AGE RE		ELATIONSHIP TO STUDENT	
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Sign This Form	this form certifies that all			plete and correct. d, spouse's signature is optional.	
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