

## 2025-2026 Family Size for Independent Students

Financial Aid Department Phone: 910-938-6749 Fax: 910-455-2767

Email: finaid@coastalcarolina.edu

Print Student's Name			Student's ID Number	
Fami	ly Size - Includes the following:			
	The student.			
	The student's spouse, if applicable.			
	<ul> <li>The student's dependent children if all of the following are true:</li> <li>They live with the student (or live apart because of college enrollment);</li> <li>They receive more than half of their support from the student; and</li> <li>They will continue to receive more than half their support from the student during the award year.</li> </ul>			
	Other persons if the following are true:  • They live with the student;  • They receive more than half of their support from the student; and  • They will continue to receive more than half their support from the student during the award year.  provided criteria for "dependent children" or "other persons" mirror the requirement that family size align with the student could claim as a dependent on a U.S. tax return if the student were to file a U.S tax return at the time			
	mpleting the 2025-2026 FAFSA. As a result, the respace is needed, provide a separate page with the space is needed, provide a separate page with the space is needed, provide a separate page with the space is needed, provide a separate page with the space is needed, provide a separate page with the space is needed, provide a separate page with the space is needed, provide a separate page with the space is needed, provide a separate page with the space is needed.		·	
	Full Name	Age	Relationship to Student	
			Self	
Each	fication and Signatures person signing below certifies that all of the vorrect.	rerification documents su	abmitted with this certification are complete	
Student's Signature (Required)			Date	
Spouse's Signature (Optional)			Date	

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.