

2024-2025 FAFSA Verification

Parent of Dependent Student - Family Size

Student Name: _____ **Student NU ID:** _____

Please complete and return this form to the UNK Office of Financial Aid as soon as possible. The preferred way to submit documents is for your student to log into MyBLUE and use the "Upload Documents" button on the Financial Aid page. You may also fax, mail, or deliver documents in-person. **Be sure to include your student's name and NU ID on all forms submitted to our office.**

	<u>Number of Family Members</u>	
Please list the following people below:		
<ol style="list-style-type: none"> 1) The above named student (even if they do not live with you) 2) Yourself and other parents in your family (if applicable). This includes married, unmarried, biological, adoptive, and step-parents. 3) Other children (even if they don't live with you), if either of the following applies: <ol style="list-style-type: none"> a) You will provide more than half of their support from July 1, 2024 through June 30, 2025; OR b) The child would be required to provide parental information if applying for Federal Student Aid 4) Other people who currently live with you if you provide more than half of their support, <u>and</u> you will continue to provide more than half of their support from July 1, 2024 through June 30, 2025. 		
Full Name	Age	Relationship to Student
		Student
		Parent
		Other Parent
		Sibling Other
		Sibling Other
		Sibling Other
		Sibling Other
<i>Please list additional family members on the back of this form.</i>		
<p>Marital Status Change: If you are currently going through a divorce, separation, or have been widowed since filing the FAFSA or completing your 2022 joint tax return, please contact our office at 308-865-8520 or finaid1@unk.edu. This change may impact your financial aid.</p>		

By signing this form I/we acknowledge the following: I certify that all of the information reported to qualify for Federal/State student aid is complete and correct. If asked by an authorized official, I agree to provide proof of the information I have given on the form. Signature is **required** of the student whose family size information has been reported on this form. Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student signature _____ Date _____

Parent signature _____ Date _____