FairfieldUniversity Officeof FinancialAid 2025–2026 Dependent StudenFamily Size Arification Worksheet

Pleasecompleteall sections of this worksheet and submit this form to finaid@fairfield.edur upload to the student's Partner portal. Alternatively, you can fax this information to 22/254-4008, or mail to Office of Financial Aid, 1073 North Bensof Radield, CT 06824.

LastName Fillsime Fairfield StudentDNumber

PermanentAddress Preferred Phone Number

Email Address Parent Email Address

Please eviewthe following instructions carefully and complete the table below with the required information. Include:

- 1. Yourself, the Student
- 2. Your Parent of Record parental information provided on FAFS Aform)

{Includeboth of your legal parents (biological and/or adoptive) if they live in the same house (regardless of marital status and gender).

Include the stepparent if the parent of records re-married

- 3. Your Siblingsand Your Parents' Other Children
 - {Include siblings, stepiblings, and other children if they live withour parent of record (even if living apart due to college enrollment)d your parent of record will provide more than half of their support from Jelly2025through June 30, 2026.
- 4. OtherPeople
 - {Other people (i.e., grandparents cousins) should be included if they are now living with your parent of record and your parent of record contributes ovehalf of their supportand will continue to provide over half of their support from July \$\frac{4}{3}\$, 2025, through June 3\frac{4}{3}\$, 2026.

Pleaseindicate the collegename and respond with "Yes" or "No" for any household member who will be enrolled PAGE to Tw 1.853 0 Td (y)T