Independent Student Family Size **Verification Worksheet** 2024-2025



Financial Aid Office 1700 SW College ● Topeka, KS 66621 (785) 670-1151 • (785) 670-1079 fax washburn.edu/financial-aid • financialaid@washburn.edu

Please allow at least 2 weeks for processing after all required documents have been submitted. Documents submitted between July 1, 2024 and August 31, 2024 may take longer to process.

Your Full Name	Age	Student's WIN (Washburn Identification Number)
your spouse (if married)		
Full Name	Age	Current Marital Status
 Other people if the following are <u>all</u> true: They <u>live with</u> the student They currently receive <u>more than hard</u> 	ving are <u>all</u> true: because of their own alf of their financial su han half their financia alf of their financial su han half their financia	pport from the student; and il support from the student from 07/01/2024 – 06/30/2025 pport from the student; and il support from the student; and
Full Name	Age	Relationship to Student
		·
ertification and Signature r signing this worksheet, you certify that all the inform isleading information on this worksheet, you may be		complete and correct. WARNING: If you purposely give fa to jail, or both.
,, ,, ,,	,	
Student Signature	_	Date