Dependent Student Family Size Verification Worksheet 2025-2026



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, 2025 and August 31, 2025 may take longer to process.

Carefully read the instructions and provide the information asked. Please note, we may ask for additional information after the documents are reviewed

Please have your parent complete the following information regarding their family size. The student <u>and</u> one parent listed on the FAFSA will have to sign below.

Students Full Name	Age	Student's WIN (Washburn Identification Number)
List Parent and Other Parent (as provided on FAFSA)		
Full Name	Age	Relationship to Student
	3-	
 They currently receive more than half They will continue to receive more the Other people if the following are all true: They live with the student's parent(s) They currently receive more than half 	ue: (or apart because f of their financia an half their finan ; and f of their financia an half their finan	e of their own college enrollment); and I support from the student's parent(s); and ncial support from the student's parent(s) from 07/01/2025-06/30/2026 I support from the student's parent(s); and ncial support from the student's parent(s) from 07/01/2025-06/30/2026
Full Name	Age	Relationship to Student
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<u>L</u>		
Certification and Signature		
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		on it is complete and correct. WARNING: If you purposely give false or
misleading information on this worksheet, you may be	fined, be sentend	eed to jall, or both.
Student Signature		Date
Parent Signature	Parent Name	. Date

(Signature cannot be typed)