



2024-2025 Family Size
Worksheet
Dependent Students
Form F24FSW

Student's Last Name

First Name

M.I.

Wabash Student ID #

- READ: Family Size**
- o They live with your parent, or live elsewhere to attend college, and
 - o They receive **more than half** of their support from your parent, and

- o They will continue to receive **more than half** of their support from your parent from 7/1/24 through 6/30/25

- Other people, if the following are true:

- o They live with your parent,
- o They receive more than half of their support from your parent, and
- o They will continue to receive more than half of their support from your parent from 7/1/24 through 6/30/25

Attach a separate sheet if additional space is needed

By signing this worksheet, I certify all the information reported is complete and correct (the student and at least one parent must sign; ***(electronic/typed signatures are NOT acceptable)***):

Student's Signature

Date

Parent's Signature

Date

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

Return this form and any related documents to the Wabash College Financial Aid Office
PO Box 352, Crawfordsville IN 47933
765-361-6166 (fax)