



## Family Size Form Dependent Student 2026-2027

PLEASE PRINT CLEARLY

Yourself (Your Name) \_\_\_\_\_

FIT ID # @ \_\_\_\_\_

List your Parent(s). If your parent is remarried include step-parent (If divorced/separated only include the parent who provided the most financial support in the 12 months prior to filing your FAFSA).

Parent(s) Name

Relationship

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List your siblings, **only if your parents will provide more than 50% of their financial support** between July 1, 2026, and June 30, 2027, even if they live apart from the parents due to a qualifying temporary absence under IRS code, such as due to college enrollment.

Sibling(s) Name

Age

Relationship

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other people if they are living with your parents **AND your parents will provide more than 50% of their financial support** between July 1, 2026 and June 30, 2027.

Name

Age

Relationship

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Student** (Typed signatures are not accepted.)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent** (Typed signatures are not accepted.)

\_\_\_\_\_  
**Date**