2026-2027 Family Size Worksheet

Form F26FSW

Name: _____ **ID:** _____
Student's Name (Last, First, M.) Wabash Student ID

INCLUDE:

- Yourself (the Wabash student)
- Your parent, even if you don't live with them
- Your parent's current spouse
- Your siblings or other people, if all of the following are true:
  - They currently live with your parent or they live at college, and
  - They currently receive **more than half** of their financial support from your parent, and
  - They will continue to receive **more than half** of their financial support from your parent from July 1, 2026 through June 30, 2027

DO NOT INCLUDE:

- A parent who has died
- A parent who is not living in the household due to separation or divorce
- A sibling or other person if your parent is not providing **more than half** of their financial support
- An unborn child

Full Name	**Age** *do not leave blank*	**Relationship to Wabash Student** *do not leave blank*
		Self
		Parent 1
		Current spouse of parent 1

Attach a separate sheet if additional space is needed

Certification and Signatures

Each person signing below certifies that all of the information reported is complete and correct. I understand that reporting inaccurate or incomplete information may result in a charge-back of financial aid awarded on the basis of the inaccurate information. **WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

The student and one parent whose information was reported on the FAFSA must sign and date:
(electronic/typed signatures are NOT acceptable)

_____ _____
Signature of Student (required) Date

_____ _____
Signature of Parent (required) Date

Return this form and any related documents to the Wabash College Financial Aid Office
PO Box 352, Crawfordsville IN 47933
Secure Document Upload: https://www.wabash.edu/admissions/finforms/uploaddocs,
or via Wabash Self-Service: https://webservice.wabash.edu/Student/Account/Login