



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 <i>do not leave blank</i>	Relationship to Wabash Student <i>do not leave blank</i>
		<i>Self</i>
		<i>Parent 1</i>
		<i>Current spouse of parent 1</i>

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://web.service.wabash.edu/Student/Account/Login>