



# 2024-2025 Family Size Worksheet

Dependent Students  
Form F24FSW

Student's Last Name

First Name

M.I.

Wabash Student ID #

## READ: Family Size

List the people in your parent's family. Include:

- Yourself
- Your parent(s), even if you don't live with them
  - Do not include a parent who has died
  - Do not include a parent who is not living in the household due to separation or divorce
  - Include step-parent, if applicable
- Your siblings, if the following are true:
  - They live with your parent, or live elsewhere to attend college, and
  - They receive **more than half** of their support from your parent, and
  - 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:
  - They live with your parent,
  - They receive more than half of their support from your parent, and
  - They will continue to receive more than half of their support from your parent from 7/1/24 through 6/30/25

Full Name	Age (do not leave blank)	Relationship to Student (do not leave blank)	Attending College in 2024-2025? (Yes or No)
		Self	Wabash College
		Parent 1	
		Current spouse of parent 1	

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)