



FISHER COLLEGE

Office of Financial Aid

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2024-2025 Confirmation of Family Size Dependent Student

In review of your application for financial aid we have identified some information that requires clarification. Please confirm the number of family members in your household during the 2024-2025 academic year.

Student Name: _____ Fisher ID: _____
(Please Print)

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____

PLEASE READ: ON THE CHART BELOW LIST EVERYONE WHO LIVES IN YOUR PARENT(S) HOUSEHOLD. PLEASE INCLUDE THE FOLLOWING:

- **Yourself** (the student).
- **Your Parent(s)** (See explanation below):
 - If both your biological (or adoptive) parents live together, include both parents on the list.
 - If your biological parents are divorced or separated, list the parent that provides the majority of your financial support. **If this parent is remarried, you must include your step-parent on the list.**
- **Your Sibling(s)** that live in your parent(s) household and will receive more than half of their financial support from July 1, 2024 through June 30, 2025.
- Other people if they now live with your parent(s) and the parent(s) provide MORE THAN HALF of the other person's financial support, and will continue to provide more than half of that person's support through June 30, 2025.

If more space is needed, provide a separate page with the students name and ID number at the top.

FULL NAME	AGE	Relationship to Student
<i>Missy Jones (example)</i>	<i>18</i>	<i>Sister</i>
		SELF

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

Student Signature (Required)

Date

Parent Signature (Required)

Date