



2024-2025
Independent Student Family Size

SHZ25

Please Use Black or Blue Ink

Student Legal Name:

OSU Student ID
("A" plus 8 digits)

A

Your application was selected for review, or "verification." Please complete this worksheet and sign the form. **Complete the entire form. Incomplete worksheets will be returned to you. We cannot determine aid eligibility until all required documents are received and reviewed.** List the people that you (and your contributor (spouse), if married) will support between July 1, 2024 and June 30, 2025. Include:

- **Yourself**, (and your contributor (spouse), if you are married);
- **Your dependent children** (even if they live apart due to college enrollment), if you will provide more than half of their support from July 1, 2024 through June 30, 2025;
- **Other people living with you now**, and you provide more than half of their support and will continue to do so from July 1, 2024 through June 30, 2025.

NOTE: Support is defined as providing food, housing, medical/dental care or health insurance, car insurance, money or other financial resources.

Write the names of all family members who meet the criteria above. If you need more space, attach a separate sheet of paper.

No determination of aid eligibility can be made until all requested documents are received and reviewed.

Full Legal Name	Age	Relationship to Student
		Self

Certification/Signature:

By signing this form, I certify that all the information reported to qualify for federal student aid is complete and correct. **If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Student's Signature *(Stylus or ink pen only)*

Date

Return to:

Office of Scholarships and Financial Aid
119 Student Union, Stillwater, OK 74078-5061

Fax: (405) 744-6438 *(if you fax, please do not mail the form)*

Questions?

Email: finaid@okstate.edu

Phone: (405) 744-6604

Web: financialaid.okstate.edu