



Office of Financial Aid & Scholarships

2024-2025 STUDENT FAMILY SIZE

Student's Name: \_\_\_\_\_ LSU ID: 89 - \_\_\_\_\_

Family Size - Include the following:

- The student.
• The student's spouse, if applicable
• The student's dependent children if the following are true:
o They live with the student (or live apart because of college enrollment),
o They receive more than half of their support from the student; and
o They will continue to receive more than half their support from the student during the award year.
• Other persons if the following are true:
o They live with the student,
o They receive more than half of their support from the student; and
o They will continue to receive more than half their support from the student during the award year.

NOTE: If someone other than an immediate family member is listed, you should attach a copy of your/your spouse's 2022 or 2023 IRS tax return. If you do not file a federal income tax return, no one other than immediate family members may be listed on this form.

Table with 3 columns: Full Name, Age, Relationship to Student. Multiple empty rows for data entry.

By signing this statement, we certify that all information on this form 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.

Note: Electronic signatures will not be accepted. You must print to sign.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_