Anoka Technical College	Anoka-Ramsey Community College	
Financial Aid Office 1355 West HWY 10 Anoka, MN 55303 finaid@anokatech.edu Phone: 763-576-7730 Fax: 763-576-7721	Financial Aid Office 300 Spirit Dr. S Cambridge, MN 55008	OR Financial Aid Office 11200 Mississippi BLVD NW Coon Rapids, MN 55433 financialaid@anokaramsey.edu Phone: 763-433-1500 Fax: 763-433-1501

2024-2025 Family Size Verification Worksheet HS

Your application was selected for review in a process called verification. In this process, the Financial Aid Office compares information from your FAFSA application with the information requested below. Federal law says we have the right to ask you for this information before awarding federal aid. If there are differences between your application information and your verification documents, the Financial Aid office may send corrections electronically to have your information reprocessed. You should complete verification as promptly as possible to avoid a delay in the processing of your financial aid.

A. Student Information

Last Name _____ First Name _____ MI ____ Student ID Number _____

B. Family Information

DEPENDENT STUDENTS

List the people that your parent(s) will financially support between July 1, 2024 and June 30, 2025 **in the table below**. Include:

- Yourself
- Your Parent(s), even if you are not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- Your sibling(s) if they live with your parent(s), they receive more than half of their support from your parent(s), and they will continue to receive more than half of their support during the award year.
- Other people if they now live with your parent(s), and they receive more than half of their support from your parent(s), and they will continue to receive more than half of their support during the award year.

INDEPENDENT STUDENTS

List the people that you/spouse will financially support between July 1, 2024 and June 30, 2025 **in the table below**. Include:

- Yourself
- Your spouse
- Your dependent children if they live with you, they receive more than half of their support from you, and they will continue to receive more than half of their support from you.
- Other people if they live with you, they receive more than half of their support from you, and they will continue to receive more than half of their support from you.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

C. Family Information List Full Name	Age	Relationship
		Self

Each person signing this worksheet certifies that all the information reported on it is complete and correct. If asked by a school official, you agree to give proof of the information given on this form. **For dependent students, both student and parent must sign. A wet signature or signature using a stylus is required.**

Student _____ **Date** _____ **Parent** (**required for dependent students**) _____ **Date** _____

Rev 12/22 ARCC and ATC are affirmative action, equal opportunity educators/employers. To receive this information in an alternative format, 763-433-1350.