

Spouse's Signature (Optional)

PIEDMONT COMMUNITY COLLEGE Financial Aid Office

Independent Student Family Size 2025–2026

Student's Name:	Stud	ent ID:	
Family Size - Includes the following:			
The student.			
The student's spouse, if applicable	€.		
 They receive more than have 	(or live apart because of college en alf of their support from the student		
 They will continue to recei The provided criteria for "dependent children" 	; alf of their support from the student ive more than half their support from en" or "other persons" align with the	m the student during the award year. e requirement that family size align with whom	
the student could claim as a dependent on completing the 2025-2026 FAFSA. As a re-	esult, the student should not include	e any unborn children in the family size.	
If more space is needed, provide a separa			
Full Name	Age	Relationship Self	
Certifications and Signatures Each person signing below certifies that all of the information reported is complete and correct.		WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.	
Print Student's Name		Student's ID Number	
Student's Signature (Required)	Date		

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the financial aid administrator at your school. You should make a copy of this worksheet for your records.

Date