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 1 Avenue of the Arts,

 Newport News, VA 23606

Date: _____

2026-2027 Dependent Student Family Size Verification Worksheet

Your Free Application for Federal Student Aid (FAFSA) was selected for a process called verification. Before we can determine your financial aid, we are required to collect the following information to verify the accuracy of the information reported on your FAFSA.

Section A: Student & Family Info	rmation			
Last Name	First Name		MI	Christopher Newport Student ID #
Enter members of your family below.	Those included in you	r Family Siz	e should b	e:
who has died or is not living in in the U.S. Armed Forces apart The student's siblings if the fo They live with the stude They receive more the academic year. Other persons if the following They live with the stude They receive more the They receive more the academic year. They will continue to academic year.	the household becaut from the family. Ilowing are true: dent's parents (or live in half of their support eceive more than half are true: dent's parents, in half of their support eceive more than half eceive more than half eceive more than half echildren" or "other per ton a U.S. tax return if	se of separ apart beca t from the s f their supp t from the s f their supp rsons" align	use of collectudent's port from the ort from the orthogonal from th	parents, and the student's parents during the 2026-2027 parents, and the student's parents during the 2026-2027 parents during the 2
If more space is needed, provide a sep	arate page with the st	tudent's na	me and ID	
Full Name		Age	C-IF	Relationship
			Self	
				_
		<u>'</u>	•	
Section B: Signatures (must be w	<u>ritten</u> signatures, no	ot electroi	nic)	
Each person signing below certifies the whose information was reported on the ————————————————————————————————————			is comple	te and correct. The student and one parent
WARNING: If you purposely	give false or misleadir	ng informa	tion, you n	nay be fined, sent to prison, or both.
Student Signature:			_	Date:

Parent Signature: