

Parent's Signature

* For currently enrolled students only, otherwise leave blank.

Office of Financial Assistance
Phone: (508)793-7478 Fax: (508)793-8802
950 Main Street, Worcester, MA 01610
Prospective Students Submit Through Clark Financial Aid Portal
Current Students Submit Through CUWeb

2025-2026 Verification Family Size (Dependent Student)

Student Name:		Clark University ID #*:		
Number of Household Members: List belo	ow the	people in the parents	<u>s' household</u> . Include:	
 The student. The parents (including a stepparent) The parents' other children if the paragram 30, 2026, or if the other children word 2026. Include children who meet eit Other people if they now live with the continue to provide more than half of the paragram of the provide more than half of the parents of the pa	rents w uld be r her of he pare	ill provide more than equired to provide pa these standards, ever nts and the parents p	half of the children's support f arental information if they were a if a child does not live with the rovide more than half of the otl	e completing a FAFSA for 2025 e parents.
Number in College: Include in the space of the enrolled at least half time in a degree, dispetween July 1, 2025, and June 30, 2026. If more space is needed, provide a separate	ploma, , and in	or certificate progran	n at an eligible postsecondary e e college.	educational institution any time
Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
		Self	Clark University	
Note: We may require additional documembers enrolled in eligible postsecond				egarding the household
Student's Signature			Date	

Date