

* For currently enrolled students only, otherwise leave blank.

Student Name:

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

Clark University ID #*:______

2025-2026 Verification Family Size (Independent Student)

Number of Household Members: List bel	ow the	people in the stud	lent's household.Include:	
 The student. The student's spouse, if the student is The student's or spouse's children if the through June 30, 2026, even if a child Other people if they now live with the and will continue to provide more than Number in College: Include in the space time in a degree, diploma, or certificate 	ne stude does no student n half of below in	ent or spouse will put live with the student of that person's sup	dent. or spouse provides more than half o port through June 30, 2026. any household member who is, or v	of the other person's support, will be, enrolled at least half
and June 30, 2026, and include the name	of the	college.		
If more space is needed, provide a separ	ate pag	e with the student	's name and ID number at the top.	
Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
		Self	Clark University	
Note: We may require additional docum members enrolled in eligible postsecond				garding the household
Student's Signature			Date	
Spouse's Signature (if applicable)			Date	