

* 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 at apply.clarku.edu/status
Current Students Submit Through CUWeb

2025-2026 Verification Family Size (Independent Student)

Student Name:			Clark University ID #*:		
Number of Household Members: List	oelow the	people in the stud	ent's household.Include:		
 The student. The student's spouse, if the student The student's or spouse's children in through June 30, 2026, even if a chi Other people if they now live with the and will continue to provide more the 	f the stude Id does no ne studen	ent or spouse will pot live with the stud t and the student o	ent. r spouse provides more than half		
Number in College: Include in the spacetime in a degree, diploma, or certifica and June 30, 2026, and include the na	te prograr me of the	mat an eligible pos college.	ts econdary educational institution	any time between July 1, 2025	
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 postseco				egarding the household	
Student's Signature			Date		
Spouse's Signature (if applicable)			 Date		