



# TOCCOA FALLS COLLEGE

## Office of Financial Aid

107 Kincaid Dr MSC 900 Toccoa Falls, GA 30598

**Email:** [finaid@tfc.edu](mailto:finaid@tfc.edu) **Phone:** (706) 914-8681 **Fax:** 706-282-6041

### Dependent Student Family Size Verification

Student's Last Name

Student's First Name

Student's DOB

#### Family Size – Includes the following:

- The student.
- The student's parents, even if the student is not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- The student's siblings if the following are true:
  - They live with the student's parents (or live apart because of college enrollment),
  - They receive more than half of their support from the student's parents, and
  - They will continue to receive more than half their support from the student's parents during the award year.
- Other persons if the following are true:
  - They live with the student's parents,
  - They receive more than half of their support from the student's parents, and
  - They will continue to receive more than half their support from the student's parents during the award year.

If more space is needed, provide a separate page with the student's name and date of birth at the top.

Full Name	Age	Relationship
		<i>Self</i>

Student's Signature

Date

Student's Name (Please Print)

Parent's Signature

Date

Parent's Name (Please Print)

Submit this form to:  
**Office of Financial Aid**  
**107 Kincaid Drive MSC 900**  
**Toccoa Falls, GA 30598**  
**[finaid@tfc.edu](mailto:finaid@tfc.edu) • 706-914-8681 • 706-282-6041 (Fax)**