



TOCCOA FALLS COLLEGE

Office of Financial Aid

107 Kincaid Dr MSC 900 Toccoa Falls, GA 30598

Email: finaid@tfc.edu Phone: (706) 914-8681

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> |
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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 706-914-8681