



TOCCOA FALLS COLLEGE

Office of Financial Aid

107 Kincaid Dr MSC 900 Toccoa Falls, GA 30598

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

Independent 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 spouse, if applicable.
- The student's dependent children if the following are true:
 - They live with the student (or live apart because of college enrollment);
 - They receive more than half of their support from the student; and
 - They will continue to receive more than half their support from the student during the award year.
- Other persons if the following are true:
 - They live with the student;
 - They receive more than half of their support from the student; and
 - They will continue to receive more than half their support from the student 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)

Submit this form to:
Office of Financial Aid
107 Kincaid Drive MSC 900
Toccoa Falls, GA 30598
finaid@tfc.edu 706-914-8681