

2025-2026 Family Size Verification Independent Student

The Financial Aid Office at Randolph College must compare information from your 2025-2026 FAFSA with the information you provide on this worksheet and with any other required documents. If there are differences, your Financial Aid Office could require additional documentation and your FAFSA information may need to be corrected. You will not receive federal financial aid until all verification requirements are met and the necessary corrections made.

A. Student's Information

| | | | |
|--|------------|------|----------------------------------|
| Students Last Name | First Name | M.I. | Student's Social Security Number |
| | | | |
| Student's Street Address (include apt. number) | | | Student's P#/People Code ID |
| | | | |
| City, State, Zip Code | | | Student's Date of Birth |
| | | | |
| Student's Phone Number (include area code) | | | Student's Email Address |
| | | | |

B. Family Size Information

List the people you will support between July 1, 2025 and June 30, 2026. 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.

The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the student could claim as a dependent on a U.S. tax return if the student were to file a U.S tax return at the time of completing the 2025-2026 FAFSA. As a result, the student should not include any unborn children in the family size.

Write the name of the college below for any household member, who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2025 and June 30, 2026.

If more space is required, attach a separate page with the student's name and P# at the top.

Student Name: _____

Student P#: P _____

| Full Name | Age | Relationship | College | Will be Enrolled at Least Half Time? (Circle Yes or No) |
|----------------------------|-----------|---------------|-------------------------|--|
| <i>Example: Jane Smith</i> | <i>23</i> | <i>Sister</i> | <i>State University</i> | <u>Yes</u> No |
| | | Self | Randolph College | Yes No |
| | | | | Yes No |
| | | | | Yes No |
| | | | | Yes No |
| | | | | Yes No |
| | | | | Yes No |
| | | | | Yes No |

Note: We may require additional documentation if we have reason to believe that the information regarding the family members enrolled in eligible postsecondary educational institutions is inaccurate.

C. Certification and Signatures – Student MUST sign.

Each person signing below certifies that all of the verification documents submitted with this certification are complete and correct.

| | |
|---------------------------------------|------|
| Student's Signature (Required) | Date |
| | |
| Student's Spouse Signature (Optional) | Date |
| | |

This verification form is required to be printed and signed. If you are unable to or don't have access to a printer, please contact our office at 434-947-8128 or financialaid@randolphcollege.edu and we will be happy to mail you the documents needed.

How to Submit:

- SecureFile: <https://randolphfa.securefilepro.com/portal/#/login>
- Mail: Randolph College, Office of Financial Aid, 2500 Rivermont Ave., Lynchburg, VA 24503
- In-Person: Admission Welcome Center, 2711 Rivermont Ave., Lynchburg, VA 24503