## GOUCHER | college

# 2024-2025 – Verification Form: Dependent Student

_____     _____     _____
Student Last Name                              Student First Name          Goucher ID # (or last 4 of SSN)

## Dependent Student's Family Information

### List below the people in the parent contributor's family. Include:

- Yourself and your parent contributor (including a stepparent if applicable). *Do not include a non-custodial parent or a parent who is not a contributor on the FAFSA.*
- (If clarification is needed for divorced/separated/remarried/widowed parents, please visit: https://studentaid.gov/apply-for-aid/fafsa/filling-out/parent-info*)*
- Your parent contributors' other children/dependents if your parent(s) will provide more than half of their support from July 1, 2024 through June 30, 2025.
- Other people/dependents if they now live with your parent(s) and your parent(s) will provide more than half of their support through June 30, 2025. (Additional documentation of support may be required.)

## All information required. Please remember to include parent(s) and do not leave any blanks.

| Full Name | Age | Relationship To Student | Attending College at Least Half Time in 2024-2025? | Name of College |
|---|---|---|---|---|
| *Missy Jones (example)* | *18* | *Sister (example)* | *Yes (example)* | *Central University (example)* |
| | | *Self* | | *Goucher College* |
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By signing this form, I/we certify all information reported on this form & within the enclosed documentation is complete & correct.

_____     _____
Student Signature                                                                       Date

_____     _____
Parent Signature (Must be a parent listed in section B.)          Date

(ELECTRONIC SIGNATURES NOT ACCEPTED. Please print & sign in ink, scan as a PDF, and then upload or fax.)