

2024-25 Student Family Size Form

Financial Aid Office
1933 Fort Vancouver Way | Vancouver, WA 98663-3598
(360) 992-2153 | FAX (360) 992-2864 | finaidmail@clark.edu

Student Information:

ctcLink Number		Date of Birth	
Last Name	First Name	Middle Initial	

Your 2024-25 financial aid file has been selected for verification. You must turn in this form and any additional documents required. The Financial Aid Office will compare your file with the information provided and submit corrections to your application if discrepancies are found. The Financial Aid Office will contact you if additional information is needed.

Step 1: Fill out the section for YOURSELF.

Full Name	Age	Relationship
		SELF

Step 2: Fill out the section for your SPOUSE.

Full Name	Age	Relationship
		SPOUSE

Step 3: Fill out the section for your CHILDREN or your other DEPENDENTS or family members (if you provide more than half of their support from July 1, 2024 through June 30, 2025). Please attach additional sheet if needed.

Full Name	Age	Relationship

Step 4: Certification and Signature.

STUDENT CERTIFICATION AND SIGNATURE: By signing and submitting this form, both student and parent certify that all information reported on it is true and correct. Both student and parent understand that by purposely giving false or misleading information on this form, they may be fined, sentenced to jail, or both.

Student's Signature _____ Date _____



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