



2024-2025 Independent Student Family Size

Financial Aid Office
444 Western Blvd
Jacksonville, NC 28546-6816
Fax: 910-455-2767
Email: finaid@coastalcarolina.edu

A. Student Information

Last Name: _____ First Name: _____ MI: _____ CCCC ID: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ Phone #: _____

B. Family Size - Includes the following:

- The student's spouse, if applicable.
- The student's dependent children if the following are true between July 1, 2024 and June 30, 2025:
 - 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 between July 1, 2024 and June 30, 2025:
 - 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 2024-2025 FAFSA. As a result, the student should not include any unborn children in the family size.

Full Name	Age	Relationship to Student	Will this individual be in college between July 1, 2024 and June 30, 2025		Name of College
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Self	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Certification and Signatures

Each person signing below certifies that all of the information reported is complete and correct.

Student Signature

Date

Spouse Signature (optional)

Date

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.