OLYMPIC COLLEGE

Financial Aid Office
Family Size Worksheet

OFFICE OF FINANCIAL AID
1600 CHESTER AVENUE
BREMERTON, WA 98337-1699
PHONE: (360) 475-7279

Submitting this form will provide information on individuals within your "household." The definitions table will let you know who should be listed. *If more space is needed, list them on an attached page with your name and Social Security Number at the top.*

Last Name _____ First Name _____ MI ____ ctcLink ID (SID) _____

Date of birth _____ Phone number _____ Social Security Number _____

Dependency Status: ◉ Dependent ○ Independent

(NOTE: A student is considered dependent if he/she was required to provide parental information on the FAFSA)

Definitions *(the financial aid award year starts June 1st, 2025, and ends May 30th, 2026)*	
Dependent Student	**Independent Student**
Yourself	Yourself
Your parent(s) listed on your FAFSA, regardless of whether you live with them	Your spouse, if you are married
Your parent(s)' children, for whom they will provide more than half of their financial support during this financial aid award year	Your children, for whom you will provide more than half of their financial support during this financial aid award year
Other individuals living with your parents, for whom your parent(s) will provide more than half of their financial support during this financial aid award year	Other individuals living with you, for whom you'll provide more than half of their financial support during this financial aid award year
Exclude Foster Children	

Full Name	Age	Relationship	College	Will be enrolled at least half-time
John Doe (example)	18	Self	Central University	Yes

F. Sign the Worksheet

Student/Parent Certification Statement: By submitting this form, I certify that all the information above is complete and correct.

Student Signature _____ Date _____ Parent Signature (DEPENDENT) _____ Date _____

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