



**LOUISIANA TECH UNIVERSITY**  
**Office of Financial Aid**  
**Verification of Family Size / Number in College**  
**2024 - 2025**

Please return this completed form to:  
 Louisiana Tech University  
 Office of Financial Aid  
 PO Box 7925 Ruston, LA 71272

On the FAFSA, you were asked to report the number of people in your and/or your parent’s family size and the number of them who will be attending a post-secondary education institution at least half-time between July 1, 2024 and June 30, 2025, and will be enrolled in a degree, diploma, or certificate program. On your Verification Worksheet, the number you listed for family members and/or members attending college is conflicting. Since there is a discrepancy, we need you to complete the information below by bringing these numbers up-to-date.

STUDENT’S Last Name

First Name

MI

STUDENT’S CWID or SSN

List the people in your or your parent’s household that you or your parents will provide **more than 50% of their support from July 1, 2024 through June 30, 2025** (include your parent(s). Include names, ages, relationship, college. Only include college if the person will be attending college at least half-time between July 1, 2024 and June 30, 2025 and will be enrolled in a degree, diploma, or certificate program. *If you need more space, attach a separate page.*

**Independent Student:** Include the student (and spouse), the student’s dependent children (even if they live apart due to college enrollment), and other people living with the student now. Include these dependent children and other people **ONLY** if the student will provide more than half of their support between July 1, 2024 and June 30, 2025. List the college name if the individual will be enrolled in college at least half time between July 1, 2024 and June 30, 2025.

**Dependent Student:** Include the parent (and spouse or partner), the student, the parent’s dependent children (even if they live apart because of college enrollment), and other people living with the parent now. Include these dependent children and other people **ONLY** if the parent will provide more than half of their support between July 1, 2024 and June 30, 2025. List the college name if the individual will be enrolled in college at least half time between July 1, 2024 and June 30, 2025. Do not include parent(s).

Full Name	Age	Relationship to Student	College Name	Will be enrolled at least 1/2 time
		Self	Louisiana Tech University	

**Certification:**

By signing this form, I (we) certify that all the information reported to qualify for Federal Financial Aid is complete and correct. This verification documentation supersedes any previous forms completed.

**Student Signature:**

**Date:**

**Parent Signature:**

**Date:**