Dependent Student Family Size Verification Worksheet 2026-2027



Financial Aid Office 1700 SW College ● Topeka, KS 66621 (785) 670-1151 ● (785) 670-1079 fax washburn.edu/financial-aid ● financialaid@washburn.edu

Please allow at least 2 weeks for processing after all required documents have been submitted. Documents submitted between July 1, 2026 and August 31, 2026 may take longer to process.

Carefully read the instructions and provide the information asked. Please note, we may ask for additional information after the documents are reviewed

Please have a parent listed on your FAFSA complete the following information regarding their family size. The student <u>and</u> one parent listed on the FAFSA must sign below.

Students Full Name	Age	Student's WIN (Washburn Identification Number)	
ist Parent and Other Parent (as provided on FAFSA)			
Full Name	Age	Relationship to Student	
 They will continue to receive more Other people if the following are all true: They live with the student's parent They currently receive more than h 	I true: (s) (or apart because of lalf of their financial suthan half their financial (s); and lalf of their financial suthan half their financial suthan half their financial	f their own college enrollment); and pport from the student's parent(s); and al support from the student's parent(s) from 07/01/2026-06/30/2027 pport from the student's parent(s); and al support from the student's parent(s) from 07/01/2026-06/30/2027	
Full Name	1	<u> </u>	
ruii Name	Age	Relationship to Student	
_			
ertification and Signature			
y signing this worksheet, you certify that all of the info	ormation reported on it	t is complete and correct. WARNING: If you purposely give false or	
isleading information on this worksheet, you may b	e fined, be sentenced	to jail, or both.	
Student Signature	_	Date	
Parent Signature			

(Signature cannot be typed)