

Financial Aid & Scholarships
Confluence Building – Room 120
800 Curtis St. Denver, CO 80204
303.556.5503 | financialaid@ccd.edu

2025-26 Family Size - Dependent Student

Student Name (print):	
S#:	Phone:
Student E-mail:	

Note: Your official CCD email account is the only email CCD will accept for correspondence.

Family Size

Write the names of all the people in your family size in the chart below:

- 1. Include yourself (the student) and your parent(s)
- 2. Include your parent(s) other children, even if they do not live with your parent(s), if (a) your parent will provide more than half of their support between July 1, 2025, and June 30, 2026.
- 3. Include other dependents, if they now live with your parent(s) and your parent(s) will continue to provide more than half of their support through June 30, 2026.

Note: The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the parent could claim as a dependent on a U.S. tax return if the parent were to file a U.S. tax return at the time of completing the 2025-26 FAFSA. As a result, the parent should not include any unborn children in the family size.

First & Last Name of Each Family Member	Age	Relationship to Student
(EXAMPLE) Craig Jones	18	Brother

Mailing Address: Campus Box 206 | P.O. Box 173363 | Denver, CO 80217

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S#:	
Each person signing certifies that all the information reporte	ed is complete and correct.
Warning: If you purposely give false or misleading informati sentenced to jail, or both.	ion on this worksheet, you may be fined,
Student's Signature:	Date:
Parent Signature:	Date:

Revised: 04/10/2025

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