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305 Cunningham Blvd. Havelock, NC 28532 252-444-6005

www.cravencc.edu

2024-2025

Family Size Form

Check the box that applies:

Dependent Student. List the following: 1) the student, 2) the student's parents, even if the student is not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the US Armed Forced apart from the family 3) the student's siblings if the following are true: a) they live with the student's parents (or live apart because of college enrollment), they receive more than half of their support from the student's parents, and they will continue to receive more than half their support from the student's parents, they receive more than half of their support from the student's parents, they receive more than half of their support from the student's parents, they receive more than half of their support from the student's parents, and they will continue to receive more the student's parents, and they will continue to receive more than half of the student's parents, and they receive more than half of their support from the student's parents, they receive more than half of their support from the student's parents, and they will continue to receive more than half of their support from the student's parents, and they will continue to receive more than half of their support from the student's parents, and they will continue to receive more than half of their support from the student's parents, and they will continue to receive more than half their support from the student's parents during the award year.

☐ **Independent Student**. List the following: **1)** the student, 2) the student's spouse, if applicable. 3) the student's dependent children if the following are true: a) they live with the student (or living 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 of their support from the student during the award year 4) other persons if the following are true: (a) they live with the student, they receive more than half of their support from the student during the award year 4) other persons if the student, and they will continue to receive more than half of their support from the student during the award year.

Full Name	Age	Relationship
		Self

If more space is needed, provide a separate page with the student's name and ID number at the top.

Certification and Signature

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

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

Print Student's Name

Student's ID Number

Student's Signature (Required)

Date

Spouse's Signature (Optional)

Date

Parent's Signature (Required if dependent)

Date