



BEAUFORT

COUNTY COMMUNITY COLLEGE
Office of Financial Aid

5337 Highway 264 East
Washington, NC 27889
T: 252.940.6222
F: 252.940.6393
finaid@beaufortccc.edu

2024-2025

Family Size (Independent Student)

Student Name: _____

ID: _____

Family Size – Includes the following:

- **The student**
- **The student's spouse**, if applicable.
- **The student's dependent children if the following are true:**
 - They live with the student (or live 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 their support from the student during the award year.
- **Other persons if the following are true:**
 - They live with the student;
 - They receive more than half of their support from the student; and
 - They will continue to receive more than half their support from the student during the award year.

The provided criteria for “dependent children” or “other persons” align with the requirement that family size align with whom the student could claim as a dependent on a U.S. tax return if the student were to file a U.S. tax return at the time of completing the 2024-2025 FAFSA. As a result, the student should not include any unborn children in the family size.

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

Full Name	Age	Relationship to Student
		Self

Certification and Signatures

Each person signing below certifies that all of the information reported on this form and any documentation provided is complete and correct.

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

Student's Signature (Required)

Date

Spouse's Signature (Optional)

Date