

MCLA

Student's Legal Name _____

MCLA ID# A _____

Family Size Verification

We are now in the process of reviewing your Financial Aid application for the 2024-2025 academic year. However, during our review process we found some conflicting information. Please review the information below and provide us with the correct information. All forms must be signed to be complete. If you have any questions, please contact our office at (413) 662-5219, or toll free at 1-800-969-6252.

INSTRUCTIONS:

1. If you are a DEPENDENT student, list the people that your parent(s) will support between July 1, 2024 and June 30, 2025. Include yourself, your parent(s) and your parent(s)' other children if they will get more than half of their support from your parent(s). Include other people if they now live with and get more than half their support from your parent(s), and will continue to get this support from July 1, 2024 and June 30, 2025.
2. If you are an INDEPENDENT student, list the people that you (and your spouse, if applicable) will support between July 1, 2024 and June 30, 2025. Include yourself, your spouse, your children and your spouse's children, if they get more than half their support from you. Include other people if they now live with you and get more than half their support from you and your spouse, and will continue to get this support between July 1, 2024 and June 30, 2025.

Please provide the following information:

FAMILY MEMBER	AGE	RELATIONSHIP
1. STUDENT (Listed above)	_____	SELF
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

(You may add additional names on the reverse side of this form)

Student Applicant Signature

Date

Spouse (Independent Student)

Date

Parent's Signature (Dependent Student)

Date

PLEASE RETURN YOUR COMPLETED FORM TO:
MCLA, STUDENT FINANCIAL SERVICES, 375 CHURCH STREET
NORTH ADAMS, MA 01247, TEL. (413) 662-5219 OR FAX (413) 662-5105
Email: finaid@mcla.edu