

Office of Financial Aid & Scholarships

2025-2026 PARENT FAMILY SIZE

Student	's Name:		LSU ID: 89
Workda	ay ID:		
Family	Size – Includes the following:		
• The s	student.		
			de a parent who has died or is not living in the active duty in the U.S. Armed Forces apart from the
o The	student's siblings if the following are true: by live with the student's parents (or live apart bec by receive more than half of their support from the by will continue to receive more than half their sup	student's parent	s; and
TheThe	r persons if the following are true: y live with the student's parents, y receive more than half of their support from the y will continue to receive more than half their sup		
NOTI tax ret this fo	urn. If your parent does not file a federal income t	nber is listed, you ax return, no one	u should attach a copy of your parent's 2023 or 2024 Il e other than immediate family members may be listed
	Full Name	Age	Relationship to Student
By sign mislead	ing this statement, we certify that all information ling information on this worksheet, you may be	on this form is fined, be sente	complete and correct. *If you purposely give false need to jail, or both.
Note: E	Electronic signatures will not be accepted. You m	ust print to sign.	
Student's Signature			Date
Parent's Signature			Date