



Office of Financial Aid & Scholarships

2025-2026 STUDENT FAMILY SIZE

Student's Name: _____ LSU ID: 89 - _____

Workday ID: _____

Family Size - Include 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.

NOTE: If someone other than an immediate family member is listed, you should attach a copy of your/your spouse's 2023 or 2024 IRS tax return. If you do not file a federal income tax return, no one other than immediate family members may be listed on this form.

| Full Name | Age | Relationship to Student |
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By signing this statement, we certify that all information on this form is complete and correct. ***If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Note: *Electronic signatures will not be accepted. You must print to sign.*

Student's Signature _____ Date _____

Spouse's Signature _____ Date _____