



# Family Size Verification

Last Name	First Name	ctc Link #:
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The family member information you provided on your financial aid application is inconsistent or conflicting with other information in your application. Please list your family members below and include this information: full name, age, relationship; for example, wife or son. Family members are parents, spouse, children or other people if they currently live with you and over half their support was provided by the family from July 1, 2024 to June 30, 2025 Return this letter with the requested information to this office. If you are a dependent student and living outside of your parent contributor's home you must still list your parent contributor(s) on this form.

Name	Age	Relationship	College
		Self	Shoreline Community College

Required Signature	
Student Signature: <i>(Ink Signature ONLY)</i>	Date:
Parent contributor Signature (if applicable): <i>(Ink Signature ONLY)</i>	Date:

**Financial Aid Services | 16101 Greenwood Avenue North, Shoreline WA 98133 | Email: [financialaid@shoreline.edu](mailto:financialaid@shoreline.edu) | Fax: (206) 533-6609**

Shoreline Community College provides equal opportunity in education and employment and does not allow discrimination or harassment on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal, as required by Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Section 504 and 508 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the Violence Against Women Reauthorization Act and Washington State's Law Against Discrimination, Chapter 49.60 RCW and their implementing regulations. Prohibited gender based discrimination includes sexual harassment.