

Family Size Verification

Last Name	First Name	ctcLink #:
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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 to them by the family from July 1, 2026 to June 30, 2027. Return this form with the requested information to the Financial Aid 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 Attending 2026-2027
1.			<i>Self</i>	<i>Shoreline College</i>
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Required Signature

Student Signature: Handwritten signature REQUIRED (no electronic signatures)	Date:
Parent contributor Signature: Handwritten signature REQUIRED (no electronic signatures) <i>(if dependent)</i>	Date:

Financial Aid Office | 16101 Greenwood Avenue North, Shoreline WA 98133 | Email: financialaid@shoreline.edu

Shoreline College is committed to nondiscrimination and to providing access and reasonable accommodation in its services, programs, and activities for individuals with disabilities. To request disability accommodation contact Student Accessibility Services, at least ten days in advance at: 206.546.4545, or e-mail at sas@shoreline.edu.