Jackson State
COMMUNITY COLLEGE
2046 North Parkway | Jackson, TN 38301

2024 - 2025

VERIFICATION OF FAMILY SIZE and NUMBER IN COLLEGE

_____ _____
Student's FULL Legal Name (First, MI and Last names) JSCC ID Number

Please provide the following information about your household for the 2024-2025 academic year.

❑ **Student:** How many people are in the student's family? How many people in the student's family, including the student, will be in college between July 1, 2024 and June 30, 2025?

- *Include the student (and spouse), the student's dependent children (even if they live apart due to college enrollment), and other people living with the student now. Include these dependent children and other people only if the student will provide more than half of their support between July 1, 2024 and June 30, 2025.*

❑ **Parent:** How many people are in the parent's family? How many people in the parent's family, including the student, will be in college between July 1, 2024 and June 30, 2025?

- *Include the parent (and spouse or partner), the student, the parent's dependent children (even if they live apart because of college enrollment), and other people living with the parent now. Include these dependent children and other people only if the parent will provide more than half of their support between July 1, 2024 and June 30, 2025.*

Full Name	**Age**	**Relationship**	**Name of College** must be at least ½ time student and degree-seeking

The above information is true and correct to the best of my knowledge. Please provide the following signatures:

❑ _____
Student Signature Date

❑ _____
Student Spouse Signature Date

❑ _____
Parent Signature Date

❑ _____
Parent Spouse/Partner Signature Date

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