



SAMPSON COMMUNITY COLLEGE

P.O. Box 318
Clinton, NC 28329

Office of Financial Aid
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910.900.4320

2024-2025 Family Size Worksheet

Federal Student Aid Programs

Your financial aid application was selected for review in a process called "Verification." Verification is mandated by the U.S. Department of Education and requires schools to gather additional documentation to check the accuracy of information submitted on the FAFSA. **Please complete/return the following information within 10 business days.**

STEP 1. STUDENT INFORMATION (Please Print)

_____	_____	_____	_____	_____
Last Name	First Name	M.I	SCC ID NUMBER	
_____	_____	_____	_____	_____
Mailing Address	City	State	Zip Code	Date of Birth
_____	_____		_____	
Phone Number (Include Area Code)	Permanent Phone Number (Include Area Code)			

STEP 2. FAMILY INFORMATION (Check Independent or Dependent and complete the table)

- Independent Students:** List the people in your household; include (a) yourself, your spouse, if married; (b) your children, if you will provide more than half of their support from July 1, 2024 through June 30, 2025; and (c) any other people if they now live with you, and you provided more than half of their support and will continue to provide more than half of their support from July 1, 2024 through June 30, 2025.
- Dependent Students:** List the people in your parent's household; include (a) yourself, your parent(s) you live with (include step-parent); (b) your parents' other children, even if they don't live with your parent(s), if (1) your parents will provide more than half of their support from July 1, 2024 through June 30, 2025, or (2) if they would be required to give parental information when applying for Federal student aid; and (c) any other people if they now live with your parents, and your parents provided more than half of their support and will continue to provide more than half of their support from July 1, 2024 through June 30, 2025.

Write the names of all household members. Also write in the name of the college for any family member excluding your parent(s), who will be attending college at least half-time between July 1, 2023 and June 30, 2024 and will be enrolled in a degree or certificate program. If you need more space, attach a separate page

Full Name	Age	Relationship	College	Will be enrolled at least half time? (Yes or No)
		Self	Sampson CC	

(Read | Sign back of form)

We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible post-secondary education institutions is inaccurate.

WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS WORKSHEET, YOU MAY BE FINED, OR SENTENCED TO JAIL OR BOTH.

I (we) certify that all the information reported on this worksheet is complete and correct. If dependent, at least one parent must sign.

Student's Signature: _____

Date: _____

Parent's Signature (**Dependent Students Only**): _____

Date: _____