

## 2020-2021 Household Size/Number in College Verification

**Contact Information** P: 610-436-2627 E: finaid@wcupa.edu www.wcupa.edu/finaid

To be completed by based on the FAFSA status:  Student's Name		□ Dependent Student		□ Independent Student  WCU ID#		
						Instructions: In reviewing your application Please complete the following table concindicated below. If you need additional states and the states are the states and the states are the st
Do not include:  • Family members or friends who cannot provide documentation to •A biological parent, if you are a	o demon	strate that you pro	vide at least	half of their supp	ort	
Yourself(student):	_					
Full Name	Age	Relationship to		ge/University in 2020-2021	Enrolled at least Half Time	
		Student Self		Vest Chester	Tillle	
		Seli	V	University		
				·		
Your parent(S) and/or stepparents (as re	on the FAFSA, if a d	-	· · · · · · · · · · · · · · · · · · ·			
ruii ivaille			Age	Relatio	iiship to student	
Your or Your parent(s) dependent children/step to do so between July 1, 2020 and June 30, 2022 Full Name Age			ip to College/University in		Enrolled at least Half Time	
		Statem		2020 2021	111110	
Other people, if they now live with your continue to do so between July 1, 2020 a	-	30, 2021 Relationship to	Colle	ge/University in	Enrolled at least Half	
		Student		2020-2021	Time	
I certify that the information included on	this forr	n is true and I am w	illing to pro	vide additional do	ocumentation if requeste	
Student Signature				Date		
Parent Signature				Date		
	Please re	turn all documents b	y email or m		<del></del>	

Mailing Address: 030 Kershner Student Service Center, 25 University Ave, West Chester, PA 19383

Email: finaid@wcupa.edu

Please note: Electronic signatures will not be accepted. You must sign in pen and submit.