



## 2024-2025 Family Size V5 (Independent Student)

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

**Family Size - Includes the following:**

- The student.
- The student’s spouse, if applicable.
- The student’s dependent children if the following are true:
  - They live with the student (or live apart because of college enrollment).
  - They receive more than half of their support from the student; and
  - They will continue to receive more than half their support from the student during the award year.
- Other persons if the following are true:
  - They live with the student.
  - They receive more than half of their support from the student; and
  - They will continue to receive more than half their support from the student during the award year.

The provided criteria for “dependent children” or “other persons” align with the requirement that family size align with whom the **student could claim as a dependent on a U.S. tax return** if the student were to file a U.S tax return at the time of completing the 2024-2025 FAFSA. As a result, the student should not include any unborn children in the family size.

Full Name	Age	Relationship to Student
		SELF

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Office of Financial Aid**  
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109 Hearnese Hall  
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**Identity and Statement of Educational Purpose  
(To Be Signed at the Institution)**

The student must appear in person at Missouri Southern State University to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver’s license, other state-issued ID, or passport. The institution will maintain a copy of the student’s photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student’s ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Missouri Southern State University for 2024–2025.

**Student’s Signature:** \_\_\_\_\_ **Date :** \_\_\_\_\_

The below Financial Aid Representative certifies the photo identification and the person above are indeed the student signing the form.

**FA Representative Name:** \_\_\_\_\_

**FA Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_