



Section A. Student Information

Student name (print clearly)

COCC ID number

Section B. Family Information

Write names, ages and there relationship to you of each family member for the 2024-25 aid year (July 1, 2024 and June 30, 2025). If you need more space, attach a separate page.

Family size includes the following:

- Yourself.
- Your spouse, if applicable.
- Your children if the following are true:
 - They live with you or live apart because of college enrollment;
 - They receive more than half of their support from you; and
 - They will continue to receive more than half their support from you during the award year (July 1, 2024 through June 30, 2025).
- Other persons if the following are true:
 - They live with you;
 - They receive more than half of their support from you; and
 - They will continue to receive more half of their support from you during the award year (July 1, 2024 through June 30, 2025).

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 2024-25 FAFSA. As a result you should not include any unborn children in the family size.

Full Name	Age	Relationship
		Self

Section C. Certification and Signature

By signing this form, I certify the information reported is true and accurate. Adobe or signature type fonts cannot be accepted.

Student signature

Date

Spouse signature (optional)

Date

Financial Aid Office
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Reviewer use only FSZI25
Sequence _____
Date _____
Initial _____