



VERIFICATION OF FAMILY SIZE/NUMBER IN COLLEGE 2026-2027

Student Name (please print) _____ H-SC ID# OR Last 4 digits of SSN _____

Parent Name (please print) _____ Phone number _____

The information you provide below will be used to verify the information provided on your FAFSA. If there are differences, our office will be back in touch with you.

List the people in your family, including:

- **Yourself**
- **Your parent(s)**
 - If living together**, regardless of gender or marital status, list both your legal parents.
 - If NOT living together**, and they are considered separated or divorced, only report the parent who provides the majority of your financial support.
- **Your parents' other children, even if they don't live with your parent(s), if your parents will provide more than half of their support from July 1, 2026 through June 30, 2027.**
- **Other people, if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2026 through June 30, 2027.**

If anyone you list below (except for your parents) will be attending a college or university at least half-time and will be working towards a degree or certificate program, complete the last two columns.

Full Name	Age	Relationship	Enter the name of the College if he/she will enroll at least half-time in a degree, diploma, or certificate program at a post-secondary educational institution any time between July 1, 2026 and June 30, 2027.	Year in School 1 st Year – Freshman 2 nd Year – Sophomore 3 rd Year – Junior 4 th Year – Senior Graduate School
Missy Jones (example)	20	Sister	Central University	Freshman
		Self		

By signing below, I certify all information reported on this worksheet is complete and correct.

Student _____ Date _____ Parent _____ Date _____

(Please note: Email is not always a secure method of communication and may inadvertently expose your information if misdirected. We suggest using fax, U.S. Postal Service or personal delivery as a more secure method of delivery. If you choose to submit information through email, Hampden-Sydney will not be responsible for any exposure of data.)

RETURN THIS COMPLETED FORM TO:

Hampden-Sydney College
Financial Aid Office, P.O. Box 726
Hampden-Sydney, VA 23943-0726

Fax Number: 434-223-7234
E-mail: hsfinaid@hsc.edu

Incoming new students should upload this document to their Admissions Portal.