



2025-2026 Independent Student Family Size

Financial Aid Office
Post Office Box 266
Dublin, NC 28332-0266
Phone: 910-879-5500
Email: financialaid@bladencc.edu

A. Student Information

Last Name:	First Name:	MI:	BCC ID:
Address:		Date of Birth:	
City:	State:	Zip:	Phone #:

B. Family Size - Includes the following:

- The student's spouse, if applicable.
- The student's dependent children if the following are true between July 1, 2025 and June 30, 2026:
 - 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 between July 1, 2025 and June 30, 2026:
 - 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 2025-2026 FAFSA. As a result, the student should not include any unborn children in the family size.

Full Name	Age	Relationship to Student	Will this individual be in college between July 1, 2025 and June 30, 2026	Name of College
		Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Certification and Signatures

Each person signing below certifies that all of the information reported is complete and correct.

Student Signature _____ Date _____

Spouse Signature (optional) _____ Date _____

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.