

2024-2025 Family Member Form

A. Student Inform	nation			
st Name	First Name	MI	Student ID#	Phone number
3. Family Membe	er Information			
To complete verification o email you received:	of your FAFSA application, we	need additional in	formation for the family/hou	isehold member indicated in the
Name of family/hou	sehold member:			
	Last Name		First Name	МІ
Relationship to stud	ent:		Age:	
Does this family/hou	usehold member currently re	side with you/you	ur parent(s)?	Yes No
If yes, will the family	//household member continu	ue to reside with y	you/your parent(s) through	June 2025? Yes No
	(s) currently provide more th using, food, money, car, medi		son's support?	Yes No
Will you/your paren	t(s) continue to provide mor	e than half of this	person's support through Ju	une 2025? Yes No
Did you/your parent	c(s) claim the family/househo	old member as an	exemption for tax purposes	? Yes No
Your financial aid will not		ation process has	been completed. Be sure to	ays listed below WITHIN 2 WEEKS . Check your To Do List under the complete Verification.
Do NOT make changes to	the FAFSA while in the Verific	ation process.		
. Sign and Date 1	This Worksheet			
_	- Typed or electronic signatur	res will not be acc	epted. Unsigned documents	will be returned.
signing below, I (we) certij		orted on this worl	ksheet is complete and correc	ct. I (we) understand that purposely giving
udent Signature	Date		Parent Signature	

Forms can be submitted in ONE of the following ways:

Submit online via our secure FILEDROP by visiting: MinotStateU.edu/finaid/verification.shtml
Mail to: Minot State University, Financial Aid Office, 500 University Ave W, Minot, ND 58707
Drop Off on Campus: Minot State Financial Aid Office, 2nd floor, Administration Building

Secure Fax: 701-858-4310 • For additional questions: Phone: 800-777-0750 or 701-858-3375 • Email: financialaid@MinotStateU.edu