THOMAS JEFFERSON SCHOOL OF LAW

FINANCIAL ASSISTANCE OFFICE

VERIFICATION OF FAMILY SIZE AND NUMBER IN COLLEGE

INDEPENDENT STUDENT

|  |  |
| --- | --- |
|  |  |
| Student’s Printed Name | Social Security Number |
|  |  |
| Telephone Number | E-mail Address |

Include in your (and your spouse’s) household:

1. Yourself (and your spouse, if you have one),
2. Your children, if you will provide more than half of their support from July 1, 2018, through June 30, 2019, and
3. Other people if they now live with you, you provide more than half of their support, and you will continue to provide more than half of their support from July 1, 2018, through June 30, 2019.

HOUSEHOLD SIZE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Family Member | Age | Relationship  to Student | College | Degree/  Certificate Program |
|  |  | Self | TJSL | Juris Doctorate (J.D) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

By signing this worksheet, I (we) certify that all the information reported to qualify for student aid is complete and correct to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Student’s Signature | Date Signed | Spouse’s Signature | Date Signed |

Thomas Jefferson School of Law is an Equal Opportunity/Affirmative Action Institution. Pursuant to the Americans with Disabilities Act, if you require this information in alternative format or have special needs, please contact the Financial Assistance Office for assistance.

Return to: Thomas Jefferson School of Law; 1155 Island Ave; San Diego, CA 92101

FAX: 619-961-1270