

## Family Size/ Number in College 2026-2027

If you are dependent, please list the names of the people in your family that your parents will provide **more than half** of the support for between July 1, 2026, and June 30, 2027, **including your parents**. If you are independent, please list the people you (and your spouse, if applicable) will support.

					Will be	
				NT C	Enrolled at	
	Name	A 90	Polotionshin	Name of	Least half time	
	Name	Age	Relationship	College/University	ume	
			Self			
	Student Name			Student ID		
Student Signature				Parent Signature		
Mail: Office of Financial Aid Glenville State University 200 High Street				Questions Phone: 304-462-6170 financial.aid@glenville.edu		

Secure Upload - www.cognitoforms.com/GlenvilleStateCollege1/FinancialAidUploadUtility

Glenville, WV 26351