BLUGOLD CENTRAL STUDENT SERVICES | 1108 Vicki Lord Larson Hall PO Box 5000 | Eau Claire, WI 54702-5000

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2026-2027 Verification Worksheet

Family Size IVF27

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A. Student Inf	ormation		INI	DEPENDENT STUDENT	
Last name	First name	M.I.	Blugold ID #		
Address (include apartment number)			Date of birth		
City	State	Zip Code	Phone number		
B. Family Size	information				
How many pe	eople are in your household	19?	List their nam	es below in the box	
• The student o They I student could class	s's spouse, if applicable. I's dependent children if the follo live with the student (or live aparteceive more than half of their survill continue to receive more than if the following are true: live with the student; receive more than half of their survill continue to receive more than the following are true: will continue to receive more than the following are true: at a for "dependent children" or the following as a dependent on a U.S. tax A. As a result, the student should	rt because of colupport from the in half their suppurport from the in half their suppurport from the in half their suppurport from the sturn if the	student, and port from the so student; and port from the so mirror the redent were to fi	tudent during the academic yea tudent during the academic yea quirement that family size align ile a U.S tax return at the time o	r. with those the
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-	4.				
T	5.				
Ľ	If more space is needed, provide	a separate page	with the student	's name and ID number at the top.	
0 0	l C:				
	on and Signature If you purposely give false or misle I certify that all t	-		eet, you may be fined, sentenced t nplete and correct.	o jail, or both.
Student Signat	:ure (Wet Signature Required):		Date:		