

Office of Financial Aid

3950 E. Newman Road, Joplin M0 64801 109 Hearnes Hall (417) 625-9325 Fax: (417) 659-4474 finaid@mssu.edu

V5DEP

2025-2026 Family Size V5 Verification (Dependent Student)

Name:		Student ID #:	
Family Siz	ze - Includes the followin	g:	
• The stud	dent.		
in the ho			clude a parent who has died or is not living who is on active duty in the U.S. Armed
• The stud	dent's siblings if the followi	ng are true:	
•	They receive more than ha	s parents (or live apart because o lf of their support from the studer we more than half their support fr	- · · · · · · · · · · · · · · · · · · ·
• Other pe	ersons if the following are tr	ue:	
		lf of their support from the studer	nt's parents, and rom the student's parents during the award
with whom	the parent could claim as a completing the 2025-2026 F	dependent on a U.S. tax return if	with the requirement that family size align f the parent were to file a U.S tax return at ould not include any unborn children in the
Full Name		Age	Relationship to Student
			SELF
Student Sig	gnature:		Date:
Parent Sigi	nature:		Date:

Please continue to back of form.



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Identity and Statement of Educational Purpose (To Be Signed at the Institution)

The student must appear in person at <u>Missouri Southern State University</u> to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

Statement of Educational Purpose

FA Representative Signature:	Date:	
FA Representative Name:		
The below Financial Aid Representative certifies the phot student signing the form.	to identification and the person above are indeed the	he
Student's Signature:	Date:	
educational purposes and to pay the cost of attending Mis	ssouri Southern State University for 2025–2026.	
Educational Purpose and that the Federal student financia	al assistance I may receive will only be used for	
(Print Student's Name)	am the individual signing this Statement of	