



# 2026-2027 Family Information - Independent

Office of Financial Aid & Scholarships  
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Harrisonburg, VA 22807  
Phone: 540-568-7820  
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Email: verification@jmu.edu

**PLEASE SIGN WITH WET SIGNATURES BELOW**

## A. Student Information

Last Name	First Name	M.I.	JMU Student ID Number
Home Address (include apt. no.)			Date of Birth
City	State	Zip Code	Social Security Number

## B. Family Information

List in the table below the following family members living in your household that are provided more than 50% of their support:

- **Student**
- **Spouse**, if married.
- **Children** if the student/spouse will provide more than half of the child's support from July 1, 2026, through June 30, 2027. Do not include foster children.
- Age and Relationship of all household members.

Full Name:	Relationship:	Age:
Martha Jones (example)	Self	19

## C. Sign this Worksheet

By signing this worksheet, I certify that all the information reported on this form is complete and correct.

**We do not accept typed signatures.**

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**