JAMES MADISON UNIVERSITY。

2025-26 Family Information - <u>Independent</u>

Office of Financial Aid & Scholarships 738 S. Mason St., MSC 3519 Harrisonburg, VA 22807 Phone: 540-568-7820 Secure Fax: 540-568-7994

Email: verification@jmu.edu

SUBMIT DOCUMENTS THROUGH THE SECURE UPLOAD LINK

ast Name	First Name	M.I.	JMU Student ID Number	
Home Address (include apt. no.)		Date of Birth		
ity	State	Zip Code	Social Security Number	
. Family Inform	ation			
List in the table be	low the following family member	s living in your househo	ld that are provided more than 50%	% of their supp
• Student				
• Spouse, if marr	ied.			
• Children if the foster children.	student/spouse will provide more that	n half of the child's suppor	t from July 1, 2025, through June 30, 2	2026. Do not in
Age and Relation	onship of all household members.			
	Full Name:		Relationship:	Age
	Full Name: Martha Jones (example)		Relationship: Self	Age
			_	
			_	
			_	
			_	
			_	
			_	
			_	
	Martha Jones (example)		_	
C. Sign this W	Martha Jones (example)		Self	

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