



FINANCIAL AID & SCHOLARSHIPS OFFICE

2020-2021 Dependent Means of Support

STUDENT INFORMATION

Student Name: _____ Student ID: _____

Email: _____ Phone Number: _____

Current Address: _____

MEANS OF SUPPORT

Please complete the following table based on household information for 2018

EXPENSE	ESTIMATED MONTHLY AVERAGE FOR HOUSEHOLD	HOW WERE EXPENSES PAID?
Housing <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Lived with Others	\$ _____	<input type="checkbox"/> Employment Income → <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Subsidized Housing <input type="checkbox"/> Someone Else Paid <input type="checkbox"/> Financial Aid <input type="checkbox"/> Other (be specific): _____
Transportation Form used to get to school: _____	\$ _____	<input type="checkbox"/> Someone Else Paid <input type="checkbox"/> Financial Aid <input type="checkbox"/> Other (be specific): _____
Food & Personal Items Including groceries, health care, personal care, etc.	\$ _____	<input type="checkbox"/> Employment Income → <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Food Stamps (SNAP/WIC) <input type="checkbox"/> Someone Else Paid <input type="checkbox"/> Financial Aid <input type="checkbox"/> Other (be specific): _____

OTHER BENEFITS

Does anyone in your parents' household receive any of the following benefits? (Mark all that apply)

- Social Security Benefits TANF Disability Unemployment Benefits
 Veteran's Educational Benefits Child Support Received

SIGN AND DATE THIS FORM

By signing this worksheet, I (we) certify that all the information reported to qualify for Federal student aid is complete and correct. **At least one parent must sign.**

Student

Date

Parent

Date

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