

FINANCIAL AID & SCHOLARSHIPS OFFICE

2021-2022 Dependent Means of Support

Use the Secure Document Uploader in Pathway to submit your forms quickly and securely!

STUDENT INFORMATION

Student Name:	Student ID:
Email:	Phone Number:
Current Address:	

MEANS OF SUPPORT

Please complete the following table based on household information for 2019

EXPENSE	ESTIMATED MONTHLY AVERAGE FOR HOUSEHOLD	HOW WERE EXPENSES PAID?
Housing	\$	 □ Employment Income → □ Parent □ Student □ Subsidized Housing □ Someone Else Paid □ Financial Aid □ Other (be specific):
Transportation Form used to get to school:	\$	Someone Else Paid Financial Aid Other (be specific):
Food & Personal Items Including groceries, health care, personal care, etc.	\$	 □ Employment Income → □ Parent □ Student □ Food Stamps (SNAP/WIC) □ Someone Else Paid □ Financial Aid □ 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

Uveteran'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.** Typed signatures are not valid for the purpose of submitting this form. Signatures must be handwritten.

Student	Date	WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.	
5100 Rockhill Road 101 AC	Phone : 816-235-1154	E-Mail: <u>finaid@umkc.edu</u>	
Kansas City, MO 64110-2499	Fax : 816-235-5511	Toll Free: 1-800-775-UMKC	

Those with speech or hearing impairments may use Relay Missouri, 1-800-735-2966 (TT) or 1-800-735-2466 (Voice) UMKC is an equal opportunity/affirmative action institution