



# FINANCIAL AID & SCHOLARSHIPS OFFICE

## 2024-2025 Independent Means of Support

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### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

### MEANS OF SUPPORT

*Please complete the following table based on household information for 2022.*

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"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Foreign Income (attach documentation) <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"/> Foreign Income (attach documentation) <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"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Foreign Income (attach documentation) <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 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. Typed signatures are not valid for the purpose of submitting this form. Signatures must be handwritten.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse (Optional)

\_\_\_\_\_  
Date

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

