



Financial Aid Office
2017/2018 Statement of Support

Student ID #: \_\_\_\_\_

Student Name: \_\_\_\_\_
Last Name First Name Residence Address City State Zip

The information listed below is in reference to \_\_\_\_\_ student \_\_\_\_\_ spouse \_\_\_\_\_ parent(s)

Check box for any benefits received in 2015:

- SNAP HUD SSI/SSD WIC TANF Medicaid/Medicare Child Support Reduced price school lunch

How were you and/or your household supported during the 2015 year? For example: Lived with parent/other, HUD, Food Stamps, WIC, SSI, etc. If you received any of the above please tell us how much each month.

If your parents helped support you, how much money each month do they contribute towards living expenses? For example: cell phone, car insurance, car payment, etc.

- Student did not work in 2015, but started working on \_\_\_\_\_ @ \_\_\_\_\_ earning \$ \_\_\_\_\_
Parent 1 did not work in 2015, but started working on \_\_\_\_\_ @ \_\_\_\_\_ earning \$ \_\_\_\_\_
Parent 2 did not work in 2015, but started working on \_\_\_\_\_ @ \_\_\_\_\_ earning \$ \_\_\_\_\_

\*May request additional documentation

By signing below, I certify that all of the information on this form is true and complete.

Student Date
Spouse (signature required if married) Date
Parent (if dependent) Date