

## 2026-27 Proof of Financial Support Worksheet

Student Name:		Student ID:
	deral financial aid application attemption to the decimentation and provide documentation	hat you are providing 51% or more of the support for a n of support listed below.
<ul><li>documentation for the</li><li>Provide documenta</li><li>Provide a clear sta</li></ul>	student you are supporting. ation for all amounts listed on	on and the support you are providing.
Student Name:		Age:
		v long has this person lived with you?
	· · ·	Amt. paid \$
	Amt. paid monthly \$	
Please provide monthl	y expenses and documentatio	n for the person being supported.
	EXPENSES	AMOUNT PAID
	Food	
	Clothing	
	Medical	
	Education Expenses	
	Personal	
	Other	
	en statement detailing the situation and this completed form.	ation and include with the written statement <u>all</u>
Signatures Required	(Original)	
	Date:	
Student Signature:		Date: