

2024-25 Proof of Financial Support Form

Student Name:_____ Student ID: _____

have reasinde and cani	e a child and/or dependent whom you provide to on you are being considered independent. Pl pendent for financial aid purposes. Also note receive more than half of their support from	deral Student Aid (FAFSA), you indicated that you more than 51% of support for, which is the sole ease complete this form to confirm that you are : The child and/or dependent must live with you, you, now and through June 30, 2025. Support ning, health insurance, childcare, transportation,
Instru	ections	
	se submit the following to confirm that you fully ort for a child or dependent.	support yourself and are providing at least 51% of
	Copy of Birth Certificate for the child/depende 2022 signed federal tax return showing the chi born in 2023 or later, this is not applicable Proof of health insurance for the child under your Proof of payment for child care	ld claimed as your dependent. If your child was
Below	, please confirm where you will live for the durat	ion of the 2024-25 academic year:
	By myself With your parents Other:	
	e note: You may be asked to provide addition e some of the requested documents listed	
_	al Signatures Required. Signing below certifete and correct	ies that all of the information reported is
Studer	nt Signature:	Date:
f there etter.	e is any additional information that can assis	st in clarifying your request, please attach a signed
Correc	tions to dependent status:	
	etermined that I do not provide 51% or more of the c 0, 2024. I should be considered a dependent student	hild/dependent's financial support from July 1, 2023 to and will update my FAFSA to reflect this.
Studer	nt Signature:	Date: