



7. Do you receive (or will you receive) any of the following for the child or legal dependent? If yes, submit documentation to support type(s) of aid:

WIC: [ ] Yes Amount per month: \_\_\_\_\_ Medicaid: [ ] Yes Amount per month: \_\_\_\_\_  
[ ] No [ ] No

6 1 \$:3 [ ] Yes Amount per month: \_\_\_\_\_ Child Support [ ] Yes Amount per month: \_\_\_\_\_  
[ ] No [ ] No

If the children/legal dependents do not live with you indicate the monthly amount you pay in financial support of the children/legal dependents: \$\_\_\_\_\_.

Who provides medical insurance for you?

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

1 . Who provides medical insurance for your children/legal dependents?

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

1 . Does the child's other parent attend college at least 1/2 time? \_\_\_\_\_ Where: \_\_\_\_\_

If the other parent currently attends college, please enter their Name and Banner ID here:

\_\_\_\_\_

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GSHQGHQWV DQG ZLOO FRQWLQXH WR SURYLGHIRUMHKM/KFDX  
DFDGHPLF |H DU

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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, if you **do not provide** more than half of your child/dependent's monthly financial support, you must log in to your FAFSA and make a correction to

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DGG SDUHQWDO LQIRUPDWLRQ WR (RXU )\$)6\$

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