



2023-2024 Alternative Scholarship Dependent Support

23 CFS D1

Student Name: _____ NSHE ID _____
Last First MI

According to the information that you have provided with your Alternative Scholarship application, your household income appears to be insufficient and does not meet the basic living expenses to support your household. In order to verify how you and your parent(s) supported their dependents, please provide additional information in the steps below.

A. PARENT RESOURCES: Please indicate if your parent(s):

Are living with a friend, relative, or someone whom they have a relationship for free (i.e. do not pay them rent money)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are receiving food/groceries from a friend, relative, or someone whom they have a relationship for free (i.e. do not pay them for the groceries)? <input type="checkbox"/> Yes <input type="checkbox"/> No

B. PARENT(S) EXPENSES: List all of your Expenses for the **2021** calendar year (no item can be left blank). **If your parents indicated above that they are receiving free housing and food, please put a zero in the housing, utilities, and food category below.**

If the expense is in someone else's name, please list only the portion attributed to your **parents**. For example, if you live with someone and their monthly rent is \$1000 and there are a total of 5 people living in the house, each person's portion of the rent is \$200. Multiply that \$200 by the number of people in your parent's household as reported on the EFC Calculator (i.e. mom + dad + you/student, and 1 sibling = 4 people). \$200 multiplied by 4 is \$800/month – list \$800 in the monthly column above for housing. Use the same formula for the remaining categories to determine your family's portion of expenses.

Expenses	Monthly	Yearly	
Housing (Rent or Mortgage)	\$	\$	Is this expense in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities (Electricity, gas, water)	\$	\$	Is this expense in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No
Food (Groceries)	\$	\$	Is this expense in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation (Car loan, insurance, gas, bus, other)	\$	\$	Is this expense in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No
Miscellaneous (Phone, cable, internet, Clothing, etc.)	\$	\$	Is this expense in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No



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C. TYPE(S) OF FINANCIAL SUPPORT

Please provide information about any **other resources, benefits and other amounts** received by the student and any members of the parent's household. This may include items that were not required to be reported on the EFC Calculator or other forms submitted to the financial aid office, and this includes such things as federal veteran's educational benefits, military housing, SNAP, TANF, etc. If there is any additional information that you would like the Financial Aid Office to know, please attach a signed, written statement to this form. **Complete all sections of the form, for items that do not apply indicate with a "0" for amounts and "N/A" for other information.**

Was Support Received in 2021? Check one	Name of Recipient	Type of Financial Support Received in 2021	Student ANNUAL Amount	Parent or Household ANNUAL Amount
<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Example: John Doe</i>	SNAP	\$0	\$4161
<input type="checkbox"/> Yes <input type="checkbox"/> No		AFDC Benefits (Specify Type):		
<input type="checkbox"/> Yes <input type="checkbox"/> No		TANF		
<input type="checkbox"/> Yes <input type="checkbox"/> No		SNAP		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Housing Assistance (Specify Type):		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Utility Assistance (Specify Type):		
<input type="checkbox"/> Yes <input type="checkbox"/> No		WIC		
<input type="checkbox"/> Yes <input type="checkbox"/> No		WIA		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Benefits (not SSI)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		SSI		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Combat Pay		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Unemployment Compensation (List dates): ____/____/____ to ____/____/____		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Alimony		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Student Aid used for living expenses		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Other (list) _____		

Please note: You must be able to demonstrate how your bills/expenses are being paid. If your expenses (Section B) exceed your reported financial support (Section C), you must include a written statement explaining how your family is meeting these expenses.

D. SIGNATURE: I certify that all the information provided above, to the best of my knowledge, accurately describes my living situation.

Student Signature (Required)

Date

Parent Signature (Required)

Date