





## 2020-2021 Alternative Scholarship Dependent Support Form

### 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 2018? Check one	Name of Recipient	Type of Financial Support Received in 2018	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