



2016-2017 Verification of Support of Legal Dependent(s)

STUDENT INFORMATION (For institutional identification purposes)

ID: _____

(Last Name)

(First Name)

(M.I.)

(Telephone Number)

(Current Address)

(City)

(State)

(Zip Code)

INSTRUCTIONS: You indicated on the FAFSA that you have at least one dependent. To claim this person as a legal dependent for financial aid purposes, you must currently be providing **more than half** of their support and continue to do so through June 2017. To document this, complete the information below and return this form to the VCSU Student Financial Aid Office as soon as possible. **Your financial aid cannot be processed until this information is received.**

Please list the person(s) to whom you provide 51% support:

Name: _____ Age: ____ Name: _____ Age: ____

Name: _____ Age: ____ Name: _____ Age: ____

Does the person(s) named above currently reside with you? Yes No

Do you receive supplemental income/support for the care of the person(s) named above? Yes No

(Support includes housing, food, clothes, medical, adult/day care, money from family/friends, etc.) If

yes, what amount per month? _____

If yes, what type of assistance? _____

Who else will help provide support for person(s) named above during the 2016-17 academic year?

Name: _____ Phone: _____

Relationship to Person: _____

Will this person also attend college in the 2016-17 academic year? Yes No

If yes, Name of College: _____ City/State: _____

By signing this worksheet, I certify that all of the information reported on this worksheet is complete and correct.

Student Signature: _____ Date: _____

Warning: If you purposely give false or misleading information on the worksheet, you may be fined, sentenced to jail, or both.

Forms can be returned to:

Valley City State University Financial Aid Office

101 College St SW, Valley City ND 58072

Fax: 701-845-7545 Phone: 1-800-532-8641 or 701-845-7542

E-mail: financial.aid@vcsu.edu