

## Office of Financial Aid Student Means of Support 2023-2024

Student Information						
Last Name		First Name				
			Student	W#		
provide more than 5	50% of support	•	than 50% of su	pport for ano	se you have a child who you ther individual who lives in you de such support.	
Please answer the forcash but can include			it manner you բ	orovide suppo	ort. Support does not have to be	
These answers are	NOT for 202	<b>1</b> , but for the upcomir	ng school year	July 1, 2023	3 – June 30, 2024.	
Please give a brief e	xplanation of y	our situation.				
Who lives with you?	P					
Name	Age	Relationship		Do you provide more than		
			50% of this person's total support?			
			Yes	No	<u> </u>	
		· <u> </u>	Yes	No	<u> </u>	
			Yes	No	<u> </u>	
			Yes	No	<u> </u>	
Are you currently w	orking and ma	king significantly more th	nan what was r	eported on yo	our 2023/2024	
FAFSA? Yes	No					
If Yes - What is your	current month	nly income?				
Are you currently re	eceiving child su	upport?				
Yes No_	If Ye	es, how much per month	ı?			

	ent, please explain who also contributes and the percentage (%) student 70%); (housing-student 100%) Please also indicate if you ssistance.
Housing expenses –	
Food-	
Child care -	
Transportation (including insurance) –	
Utilities (including phone) –	
Clothing (including diapers) -	
Medical and Dental Insurance-	
•	antiate the above information. Please watch for a missing our requirements or message section of Mustang Express.
If after reviewing the above information <b>you do not</b> b please submit this document and have your parent co	pelieve that you should be considered an independent student, omplete their section of the FAFSA.
es, my parent information should be included on my	FAFSA(initial)
SIGN THIS WORKSHEET	
state student aid is complete and correct. Warning: <i>If</i>	reported on this worksheet in order to to qualify for federal/ you purposely give false or misleading information on this r both. Failure to include sufficient information will result in /or additional documentation requests.
Student's signature Date	Date

For those individuals who you provide more than 50% of support, please explain how you are covering the following

Student W #