



Proof of Dependent Support

Processing will not continue unless this form is completed, signed, and returned to the Office of Student Financial Aid.

Name (Please print) _____	SSN _____	GSW Student ID _____
Email _____	Phone _____	DOB _____
Student Signature _____		Date _____

You indicated that you provide support for one or more individuals who would not normally be considered a dependent. This form will be used to verify whether or not the individual can be considered a dependent for financial aid purposes. If you have questions regarding which individual(s) you need to verify, please call our office at 229-928-1378 or e-mail us at finaid@gsw.edu. **Please note: if you have more than one individual in question, you must complete a form for each of them.** If an individual is a minor, please list amounts paid by the individual's parent(s).

Name of individual supported _____ Relationship to individual supported _____

When did the individual(s) begin living with you? _____

Estimated Monetary Support Paid	Paid by Student or Student's Parent		Paid by individual being supported (not student)	
	2017	YTD 2018	2017	YTD 2018
Clothing				
Food				
Medical				
Spending money				
School Tuition				
Recreation				
Auto expense				
Other (list):				

2016 Welfare or Social Security Benefits Paid to the individual or on behalf of the individual: \$ _____

Do not include the value of room and board.

If age 16 and over, was/is the individual employed? Circle one	Yes	No
If yes, what was 2017 income for the individual?		
2017 income year-to-date for the individual?		

Parent's Printed Name and Signature Required for Dependent Student:

Parent Name (Please print) _____	Parent Signature _____	Date _____
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Return by email: finaid@gsw.edu; fax 229.931.2061; or mail.

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