



Proof of Support of Child

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 _____

You indicated that you provide support for one or more children between July 1, 2019 and June 30, 2020. This form will be used to verify whether you can be considered Independent for financial aid purposes. If you have questions regarding whether you provide more than half of this child's support, please complete this form, allow 3 to 4 weeks and contact our office at 229-928-1378 or e-mail us at finaid@gsw.edu. Include any documentation that may support your claim of support (i.e. Copy of the Child's Birth Certificate).

	Dependent's Full Name	Age	Relationship	Name of College (if applicable)
1				
2				
3				

1) Where do you and your dependent(s) live?

- With your parent(s)
- In your own private residence. *Submit a copy of your lease or mortgage agreement.* REQUIRED:
- Other – Please explain:

2) What provisions, if any, have you made for your dependent(s) while you are in class?

3) List your sources of support for 2017 – such as wages, tips, untaxed income, Social Security benefits, etc. (Additional information may be requested.)

Student Income/Resources	Annual Amount
Wages	\$
Unemployment Benefits	\$
Social Security Benefits	\$
Child Support	\$
SNAP	\$
WIC	\$
TANF	\$
Medicaid	\$
Veterans Non-educational Benefits	\$
Cash Gifts	\$
Other. Identify: _____	\$

Student Signature _____

Date _____