



Adrian College

2017-2018 Proof of Dependent Support Worksheet

Name _____ Date of Birth _____ Phone # _____ - _____ - _____

You indicated on your 2017-2018 FAFSA that you provide over half of a dependent child's support. This has made you an independent student and we require verification of that status. Dependents are individuals who will receive more than 50% of support from you between July 1, 2017 and June 30, 2018.

Support includes financial support, providing housing, providing insurance and other expenses.

Please note additional documentation beyond this worksheet may be required.

Your Dependents				
Name	Age	Date of Birth	Relationship	Do you "support" this child (as defined above) more than 50% of their needed support?
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No

Certification & Signature

Signing this worksheet certifies that all information reported is complete and correct.

Student Signature

Today's Date