



*Adrian College*

## 2018-2019 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, 2018 and June 30, 2019.

**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