

MCDANIEL
COLLEGE
FINANCIAL AID OFFICE

Proof of Dependent Support (child)

Student ID#*

*for new students, the Student ID# can be found on the Financial Aid Award Letter

Academic Year

* i.e 2022-2023, 2023-2024

Student Name

(Last Name, First Name)

On your FAFSA, you indicated that you have a child whom you support. Your independent status is based on this information. In order to claim this on your FAFSA, you must provide proof that you provide more than 50% support for him/her. Support includes, but is not limited to the following: money spent on food, housing, clothing, health insurance, childcare, transportation, personal items, and other necessities. The Financial Aid Office will review the information provided on this form and determine if you qualify as an independent student. If you have answered this question incorrectly, you can declare a dependent status at the bottom of this form.

Dependent's Name _____

Dependent's Relationship to You: _____ Dependent's Date of Birth _____

Please answer the below questions in reference to the support of your dependent.

1. Are you employed? (If yes please provide a copy of most recent pay stub.) Yes No
2. Where do you (will you) live for the duration of the school year?
 By Myself With parent(s)
 With another adult: _____(name) Other _____(name)
3. What is (will be) your source of income for rent/mortgage? (check all that apply)
 Myself Parent Family member Subsidized Housing
4. Where is (will) the dependent live for the duration of the school year?
 With me With someone else: _____(name)
5. Who pays (or will pay) for childcare? (if applicable) _____
How much is (or will be) paid per month? _____
6. Who pays (or will pay) for food for the dependent? _____
7. Do you pay for medical coverage for the dependent? Yes No
8. If not, who is providing the medical coverage? _____
(If you provide medical coverage, please provide a copy of medical card)
9. Do you receive child support for this dependent? Yes No
If yes, how much support is received per month? _____
10. Do you receive any of the following types of assistance or benefits?
 None WIC Food Stamps State Benefits TANF Other

By signing this form, I certify that all the information provided above, to the best of my knowledge, accurately describes my situation. **If there is any additional information that can help clarify this form, please attach a signed letter.**

After reviewing this form, I have determined that I **do not** provide more than half of the support for this child/dependent, therefore; I should be considered a dependent student and I will update my FAFSA to reflect this change.

Student Signature (HANDWRITTEN, not typed)

Date

This form contains personally identifiable information.
Financial Aid Office 2 College Hill Westminster, MD 21157
410.857.2233 (Voice) 410.386.4608 (fax)