

202 S. Halsted St. Chicago Heights, IL 60411 Financial Aid Office (708) 709-3735 Fax: (708) 709-3716 financial-aid@prairiestate.edu

			2020-21 De	pendent Sup	port Form	r		
Stude	nt Name							
Federa		AFSA) must prov	•	•	•	dependents on their Free Application of their dependents support to c		
50% o		your dependent	, you will be	considered	-	u are unable to prove that you ent student. You may be require	-	
1.	Do you fully su	apport yourself?	□ Yes	□No				
	If you answered "Yes", please attach copies of your last two paystubs.							
If you answered "No" but you receive support from a government agency on your dependent/child's behalf, please indicate the type of support your child or dependent receives.								
	□TANF	□WIC	□ SNAP	□ SSI/SSA	□ Child	Support Other		
2.	Are you respor	nsible for more t	han 50% sup	port for your	child/dep	endent? Yes No		
3. Please provide your child/dependent's name, their relationship to you, and age.								
	Name of Dependent		Relationship to You			Age		
If ther	e is any addition	al information t	hat can help	clarify this f	orm, you ı	may describe it below.		
	fy that I have rea	ıd and understaı	nd all items	on this form	and all inf	ormation provided for my finan	ncial aid	
Student's Signature Date _								