



## 2023-2024 Dependent Student Statement of Support

Student Name: \_\_\_\_\_ WSCC ID: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Full Name: \_\_\_\_\_

Based on the information provided on your Free Application for Federal Student Aid (FAFSA), we need more information about how your parent(s) meet their living expenses. Please explain in detail how your parent(s) meet their financial obligations such as rent/mortgage, food, utilities, medical costs, childcare, transportation, miscellaneous expenses, etc.

1.) Does the student live in the parent(s)' household?                       **Yes**                       **No**

2.) Please describe the parent(s) living expenses in **2021** and how those expenses were met.

3.) Parent(s), do you have any current income? If so, how much do you receive per month?

- *Include Job and Family Services Benefits (TANF), Social Security, unemployment, child support, disability, etc.*

Source of Income	Amount per month
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4.) What monthly expenses do the parents have and how much do the parent(s) pay towards these expenses each month?

Itemize parent(s) expenses per month (rent/mortgage, food, utilities, childcare, etc.), how much the parent(s) pay towards each type of expense, and the amount and source of assistance the parent(s) may receive to help with each type of expense.

Type of Expense	Cost per Month	Amount Parent pays out of pocket per Month	Amount & Source of Assistance
Rent/Mortgage	\$	\$	\$
Food	\$	\$	\$
Utilities (gas, internet, electric, water, etc.)	\$	\$	\$
Transportation and Insurance	\$	\$	\$
Medical expenses and Insurance	\$	\$	\$
Clothing	\$	\$	\$
Cell Phone	\$	\$	\$
Childcare	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$

5.) CERTIFICATIONS AND SIGNATURES (Dependent Student)

The student and one parent whose information was reported on the FAFSA must sign and date below.

I (we) certify that all the information reported to qualify for federal aid is complete and correct to my knowledge. If additional documentation is required, I will submit those documents in a timely manner. I understand that if I purposely give false or misleading information, I may be fined, sentenced to jail, or both and my financial aid may be terminated.

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

STUDENT SIGNATURE (Required)

DATE

PARENT SIGNATURE (Required)

DATE

RETURN THIS FORM: Completed forms and documents may be dropped off in person at the WSCC Student One Stop. Or, fax 740.376.0257, scan & email [finaid@wsc.edu](mailto:finaid@wsc.edu) or mail 710 Colegate Dr., Marietta, OH 45750.