

**Western State College of Colorado
2009-10 Proof of Dependent Support (IVF)
For Independent Students**

Complete ALL information requested and return to the Financial Aid Office.

Student Name _____ Student ID # _____

Student's Family Information

Fill in the information about people whom you will support between July 1, 2009 and June 30, 2010. Include:

- ✓ Yourself
- ✓ Your spouse
- ✓ Your dependent children (if they will receive more than half of their support from you).

Include other people only if they:

- ✓ Lived with and received more than half of their support from you (or your spouse) **AND**
- ✓ Will continue to get this support between July 1, 2009 and June 30, 2010.

FULL NAME	AGE	RELATIONSHIP
		SELF

Student (and Spouse, if married) Certification and Signatures (REQUIRED)

I (WE) CERTIFY THAT ALL OF THE INFORMATION ON THIS FORM IS COMPLETE AND CORRECT.

Warning: If you give false or misleading information on this work sheet, you may be subject by the Federal government to a fine, jail sentence or both.

Student's signature: _____ **Date:** _____

Spouse's signature: _____ **Date:** _____

**Return to: Western State College, Financial Aid Office, Taylor 207,
Gunnison, CO 81231
Ph. # 970-943-3085, Fax # 970-943-3086**