



2010-2011 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, 2010 and June 30, 2011. 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, 2010 and June 30, 2011.

Table with 3 columns: FULL NAME, AGE, RELATIONSHIP. Includes a row with 'SELF' and several empty rows.

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 worksheet, 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, Ute 118, Gunnison, CO 81231 Phone: 970-943-3085 Fax: 970-943-3086