

Sandburg Financial Aid
 2400 Tom L. Wilson Blvd
 Galesburg, IL 61401
 Phone: 309.341.5283
 Fax: 309.344.2529



**CARL
 SANDBURG
 COLLEGE™**
 www.sandburg.edu

2016-2017 Support of Dependents

Student's Name _____

Student ID# _____ Last 4 SSN# xxx-xx-_____

According to our records, you indicate that you have legal dependents. Please respond to each of the items identified below.

Name of Dependent	Relationship to Student	How long have you provided support?	Does this person live with you?

Did you receive Child Support in 2015 for any dependent listed above? _____
 How much Child Support did you receive for calendar year 2015? \$ _____

Did or will you receive Child Support in 2016 for any dependent listed above? _____
 Amount you expect to receive for calendar year 2016? \$ _____

Did you receive Social Security Benefits in 2015 for any dependent listed above? _____
 Amount of Social Security Benefits received in calendar year 2015? \$ _____

For each of the items listed below, please specify the amount you paid for calendar year 2015. If any item was provided by family or friends, please specify who covered the expense and the amount provided:

Housing: Rent or Mortgage	Subsidized housing ___yes___no Amount_____
Utilities: Electric, Gas, Water, Cable	Energy Assistance ___yes___no Amount_____
Telephone, Cell Phone	
Food	Food Stamps ___yes___no Amount_____
Medical Insurance	
Transportation: Car expenses, gas, repairs, insurance	
Personal Expenses: Personal Hygiene, Cleaning Supplies Paper Products	
Clothing	

I certify the information provided above is true and complete.

Signature _____ Date _____