
Student Last Name

Student First Name

Goucher ID Number

You have indicated on the FAFSA that you have a child or dependent. In order to claim this on the 2018-2019 FAFSA, you must provide more than 50% of his or her financial support through June 30, 2019. Total support includes, but is not limited to, the money you spend to provide food, housing, clothing, personal items, medical/dental care, education, childcare, long term care, transportation, and similar necessities.

Dependent's/Child's Name: _____ Relationship to You: _____

Please answer the following questions concerning the support of your dependent/child.

1. Where do you (or will you) live while in school? By myself With parents
 With other: _____ (name & relationship)

Source of income for rent/mortgage (check all that apply): Myself Parent
 Other: _____ (name & relationship) Subsidized Housing

2. Where does the dependent/child live while you are in school?
 With me With someone else: _____ (name & relationship)

3. Who pays (or will pay) for childcare? (if applicable) _____

4. Who pays (or will pay) for food? _____

5. Who pays (or will pay) for medical needs? _____

6. Do you (or will you) receive any of the following federal benefits?

WIC Yes No TANF Yes No
Food Stamps (SNAP) Yes No Other: _____ Yes No

By signing this worksheet, I certify that all information on this sheet is true and accurately describes my situation from now through June 30, 2019. Not completely filling out this form may result in a delay in your file being processed.

Student Signature

Date

(ELECTRONIC SIGNATURES NOT ACCEPTED. Please print & sign in ink, then mail, fax, or scan and e-mail.)