

2. Where do the dependent(s) named above live? (Check only one.)

With the student With the student's parent(s) Other If Other is checked, please explain:

3. What child care provisions have you made for while attending class; studying, etc.?

4. You will live: With your parent(s) On Campus Other

If Other is checked, please explain:

5. Were you claimed by your parent(s) on their previous year (2023) tax return? Yes No

6. Was your dependent claimed by anyone other than you on the previous year (2023) tax return?

Yes No

If yes, please list the name of that person and their relationship to you, the student.

Name: _____ Relationship: _____

7. Please list your estimated monthly expense for the support of your dependent(s), **over and above** the support received through any programs listed below.

\$_____ per month

8. Please list all source(s) of support. You must attach supporting documents. (Examples include: copy of most recent check stub; AFDC check; cancelled checks or other proof of child support paid/received; Health Insurance; WIC program eligibility notice; any other benefit that helps support your child).

By signing this worksheet, I certify all the information reported is complete and correct.

Student Signature: _____ **Date:** _____

Please Return To:

Trine University
Financial Aid Office
1 University Ave
Angola, IN 46703

Main Campus
800-347-4878
260-665-4511 fax

CGPS
877-294-4878
260-665-4511 fax