

Dependency Support Statement  
2008/2009 Academic Year  
Scottsdale Community College, Financial Aid Office

Student Name \_\_\_\_\_

Social Security Number or Student ID \_\_\_\_\_

To process your financial aid application, **our office must confirm** that you are providing more than 50% of the financial support for the dependent(s) other than a child or a spouse listed on your application. Persons other than a child or spouse can **only** be counted as a dependent if they:

Live with the applicant AND receive more than half of their support from the applicant

**THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH THIS FORM:**

- A signed letter of explanation from the person supporting the dependent. This statement must include the circumstances surrounding the situation in which this person is considered your dependent.
- A signed letter of explanation from the dependent included in the household (if over the age of 18). This statement should include the circumstances surrounding the situation in which they are considered to be your dependent.

**Complete the following information:** List the dependent who will live with you and receive **more than 50%** of their financial support **from you** between July 1, 2008 and June 30, 2009 (*If you have more than one dependent please attach an additional sheet for each dependent*).

Full Name _____	Age _____	Relationship _____	Number of months living in your home between July 1, 08 – June 30, 09 _____
_____	_____	_____	_____

**\*CURRENT MONTHLY INCOME**

	<u>Student</u>	<u>Dependent</u>
Income earned from work	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____
TANF/Welfare	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Financial Aid	\$ _____	\$ _____
Other (please specify)	\$ _____	\$ _____

\*additional documentation may be required

Student Signature (**must also submit signed letter of explanation**) \_\_\_\_\_

Date \_\_\_\_\_

Dependent Signature (**if over the age of 18, along with the signed letter of explanation**) \_\_\_\_\_

Date \_\_\_\_\_

**RETURN TO:** Scottsdale Community College, Financial Aid Office, 9000 E. Chaparral Rd. Scottsdale, AZ 85256.

Phone (480)423-6549      FAX (480)423-6591

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