

COMPLETING AND SUBMITTING THIS FORM

Documents **MAY ONLY** be submitted via U.S. Mail, FAX, or Secure Document Upload. To upload documents: Login to Ferris360; search for "Secure Document Upload" icon. **EMAILED DOCUMENTS ARE NOT SECURE AND WILL NOT BE ACCEPTED.**

FSU Office of Scholarships & Financial Aid
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17 Fountain Street NW, Grand Rapids, MI 49503
Phone: 616.451.2787; FAX: 616.831.9689; kcadfinaid@ferris.edu

SECTION 1: STUDENT IDENTIFICATION

Student Last Name _____ First Name _____ M.I. _____ Student ID # _____

Permanent Address (include apt. number) _____ Date of Birth _____

City _____ State _____ Zip Code _____ Phone Number (include area code) _____

SECTION 2: DEPENDENCY DETERMINATION

You indicated on the FAFSA that you (student) are supporting one or more children or other legal dependent(s). This form is required to clarify your dependency status:

_____ Do you (student) currently provide, or will you provide more than 50% of the support of a child or other legal dependent between the dates of July 1, 2024 and June 30, 2025?

If you selected 'NO' to the question above, you must:

- Log back into your FAFSA, click on "Make corrections to a processed FAFSA," and change your response to the question about support of a child to 'NO.' You will then be prompted to provide parental data, including 2022 tax information. Your corrected FAFSA must be submitted with your parent's electronic signature.
- Skip the remaining questions on this form, sign and date at the bottom, and submit it to the Office of Scholarships and Financial Aid using one of the methods listed at the top of this page.

If you selected 'YES' to the question above, you must complete the remaining questions on this form, sign and submit along with any additional requested documentation. Failure to respond to all questions and provide requested documentation will result in a denial of your request.

List the name(s) and age(s) of each child and/or legal dependent that you will support between July 1, 2024 and June 30, 2025. If your child is not yet born, list 'Unborn' in the name column and expected due date in the 'Date of Birth' column. If you are a legal guardian for any individuals that are not your child, submit your court appointed legal guardianship paperwork with this form.

Child/Legal Dependent Name	Age	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is the living arrangement for you and your child(ren) and/or legal dependent(s)?

Select One

- _____ My child(ren)/legal dependent(s) and I live in my parent(s)' home.
- _____ My child(ren)/legal dependent(s) and I live in FSU campus housing.
- _____ My child(ren)/legal dependent(s) do not live at my residence.
- _____ My child(ren)/legal dependent(s) and I live in an apt./home that I own, lease or rent. **
- _____ My child(ren)/legal dependent(s) and I live with someone other than my parents. **

Indicate with whom you and your child(ren)/legal dependent(s) reside and your relationship to them:

Name: _____ Relationship: _____

**** If you checked one of these options, provide a copy of your apt./home rental agreement, lease, deed, or mortgage contract in your name OR the person's name with whom you live. Failure to submit the requested documentation will result in a denial of your independent status and terminate the financial aid process.**

Are you currently employed?

_____ If yes, submit your most recent pay stub that includes 'Year to Date' information.

If no, list all financial resources that you are using to provide more than 50% of the support for your child or legal dependents. Examples include wages, child support, WIC, food stamps, FIA benefits, unemployment or disability, parental support, etc. Indicate the source of funding and how frequently you receive it. **DO NOT INCLUDE FINANCIAL AID.**

SECTION 3: CERTIFICATION

I certify that in signing this form, all of the above information is complete and correct. Both student and parent(s) must sign this form **IN INK. ELECTRONIC OR TYPED SIGNATURES WILL NOT BE ACCEPTED.**

Student Date Parent Date