

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". **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 First Name _____ Last Name _____ 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, 2026, and June 30, 2027?

If you answered '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 invite your contributing parent to consent to having their tax information transferred into your FAFSA, and to sign your FAFSA, using their FSA ID.
- 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, 2026 and June 30, 2027. 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

