

## Office of Financial Aid

1200 North DuPont Highway  
Dover, DE 19901  
302.857-6250  
302.857.6251 (fax)  
email: [finaiddocs@desu.edu](mailto:finaiddocs@desu.edu)  
website: [desu.edu/financialaid](http://desu.edu/financialaid)



Full Name \_\_\_\_\_

ID Number \_\_\_\_\_

## 2017-2018 Dependent Support Form

Your status for financial aid as an Independent student is based solely upon your indication that you have children or other dependents who will receive more than half of their support from you from July 1, 2015– June 30, 2017. Since you do not meet any of the other criteria to be considered Independent, you must complete this form to demonstrate how you will provide support for your children or other dependents. If you **cannot** demonstrate support you will be considered a dependent student and your parent will need to complete and a sign your FAFSA.

Please complete this form. **Do not leave any questions blank.** Return this form along with **all** requested supporting documentation to the Office of Financial Aid at Delaware State University. The Office of Financial Aid will review your information and decide if it is sufficient to demonstrate support of a child or other dependent.

### Step 1—Student Information

Last Name		First Name	SS#	D ID#	Date of Birth
Permanent Mailing Address (include Apt #)			City	State	Zip
Home Phone (include area code)		Cell Phone (include area code)		E-mail Address	

### Step 2—Dependent Information

1 Do you now have or will you have children who will receive more than half of their support from you between July 1, 2015 and June 30, 2016? Yes No	If you answered <b>yes</b> , please provide copies of the child's birth certificate or, if you have dependents other than a child, provide the following information:  Name of person(s): _____ Relationship(s) to you: _____ Age(s): _____
2 Are you living with your parent(s), family member, guardian or other person? Yes No	If you answered <b>yes</b> , please provide the following information:  Name of person(s): _____ Relationship(s) to you: _____
3 Does your child/dependent live in the same household as you? Yes No	If you answered <b>no</b> , please provide the name and relationship of the person your child lives with:  Name of person(s): _____ Relationship to child/dependent: _____
4 Will the child/dependent live with you while you are attending school? Yes No	If you answered <b>no</b> , please provide the name and relationship of the person your child will live with when you are in school.  Name of person(s): _____ Relationship to child/dependent: _____
5 Are you paying for child/daycare for your child / dependent? Yes No	If you answered <b>yes</b> , please provide the following: • Child/daycare receipts in your name or statement of account with care provider in your name
6 Are you providing medical coverage for your child / dependent? Yes (your child has Medicaid through you) No	If you answered <b>yes</b> , you will need to provide the following: • Copy of medical coverage card

