

## Financial Aid & Scholarships

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## 2022-2023 Students with Children or Dependents Form

Stu	lent Name: ECC ID or SSN:
On	your 2022-2023 FAFSA, you answered:
	"to the question, "Do you now have or will you have children who will receive more than half of their support from between July 1, 2022 and June 30, 2023?"
•	- OR –
	"to the question, "Do you have dependents (other than your children or spouse) who live with you and who receive than half of their support from you, now and through June 30, 2023?"
dep	ancial support includes employment or any other source of income or funding that you or your endent receive. Financial support may be provided by a person or agency. Support includes, but is not ted to housing, clothes, medical, dental, transportation, etc.
	Please note: if you are living with a parent who is paying for most of the household expenses, the ent would usually be considered the primary source of support to the child.
Sect	ion 1: Please check one box below.
	I do not have children or dependents that I will be financially supporting more than 50% between July 1, 2022 and June 30, 2023. Please go online to <a href="www.studentaid.gov">www.studentaid.gov</a> and make the appropriate corrections to your FAFSA.
	I have or will have children that I will be financially supporting more than 50% between July 1, 2022 and June 30, 2023.
	I have dependents (other than children or spouse) who live with me that I will be financially supporting more than $50\%$ between July 1, 2022 and June 30, 2023.
Section 2: Please list your children or dependents you will be financially supporting more than 50%.	
	Full Name Age Relationship to the student
	ion 3: Detailed, Signed, Statement of Support
50%	ch a signed statement to this form describing how you financially support your children and/or dependents more than . Include in your statement a list of all resources or benefits being received (wages, child support, Medicaid, SNAP, IF, WIC, subsidized housing, etc.). In addition, if you are working please provide a copy of your most recent pay .
I ce	rtify that all of the information on this form is complete and correct.
Stud * Ele	dent Signature: Date: Date: