

**Financial Aid & Scholarships** 1700 Spartan Drive, Elgin, IL 60123-7193 Location: B156 Phone: 847-214-7360 Fax: 847-608-5460 Email: financialaid@elgin.edu

## **2024-2025 Students with Children or Dependents Form**

Student Name: \_\_\_\_\_ ECC ID or SSN:

You indicated on your 2024-2025 FAFSA that you have children or other people (excluding your spouse) who live with you and receive more than half of their support from you now and between July 1, 2024 and June 30, 2025.

Financial support includes employment or any other source of income or funding that you or your dependent receive. Financial support may be provided by a person or agency. Support includes, but is not limited 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 parent would usually be considered the primary source of support to the child.

Section 1: Please check one box below.

I do not have children or dependents that live with me who I will be financially supporting more than 50% between July 1, 2024 and June 30, 2025. Please go online to www.studentaid.gov and make the appropriate corrections to your FAFSA.

I have children that live with me who I will be financially supporting more than 50% between July 1, 2024 and June 30, 2025.

I have dependents (other than children or spouse) who live with me that I will be financially supporting more than 50% between July 1, 2024 and June 30, 2025.

Section 2: Please list your children or dependents you will be financially supporting more than 50%.

Full Name	Age	Relationship to the student

## Section 3: Detailed, Signed, Statement of Support

Attach a signed statement to this form describing how you financially support your children and/or dependents more than 50%. Include in your statement a list of all resources or benefits being received (wages, child support, Medicaid, SNAP, TANF, WIC, subsidized housing, etc.). In addition, if you are working please provide a copy of your most recent pay stub.

I certify that all of the information on this form is complete and correct.

Student Signature:

Date:

\* Electronic Signatures will not be accepted