STEVENSON
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Stevenson University/Financial Aid Office
100 Campus Circle
Owings Mills, MD 21117
Phone: 443-334-3200/Fax: 443-352-4370
Email: financial-aid@stevenson.edu

2022-2023 Proof of Dependent Support

Student's Last Name _____ Student's First Name _____ Student's M.I. _____ Stevenson University I.D. # _____

Student's Home Phone Number (include area code) _____ Student's Date of Birth _____

On the 2022-2023 FAFSA (question 51 or 52) you indicated you have a child or a dependent whom you support. Your independent student status is based solely on your answer to this question. Please complete this form so that our office can confirm that you are an independent student for federal financial aid purposes. Support includes support of yourself as well as 51% of the support for the child/dependent. It may include but is not limited to money spent on: food, housing, clothing, health insurance, childcare, transportation, personal items, and other necessities.

If you have answered question 51 or 52 incorrectly, you can declare a dependent status at the bottom of this form.

If you are confirming that you fully support yourself financially and are providing 51% of your child's financial support please submit all of the following:

- ❑ A Birth Certificate for your child.
- ❑ A 2020 Tax Return Transcript showing child claimed as your dependent. If your child was born in 2020 this would not be applicable.
- ❑ Proof of health insurance for the child under your policy

Below, please confirm where you will live for the duration of the school year.

- ❑ By Myself
- ❑ With Parent
- ❑ Other

Please note, you may be asked to provide additional documentation if you are unable to provide some of the requested documents listed above.

Certifications and Signatures:
Signing below certifies that all of the information reported is complete and correct.

Student's Original Signature _____ Date _____

If there is any additional information that can help clarify this form, please attach a signed letter.

Corrections to Dependent Status
After reviewing this form, I have determined that I do not provide more than half of the support for this child or dependent, therefore I should be considered a dependent student and I will update my FAFSA to reflect this change.

Student's Original Signature _____ Date _____

Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.