



2. Where do the dependent(s) named above live? (Check only one.)

With the student     With the student's parent(s)     Other    If Other is checked, please explain:

---

---

---

---

3. What child care provisions have you made for while attending class; studying, etc.?

---

---

---

4. You will live:     With your parent(s)     On Campus     Other

If Other is checked, please explain:

---

---

---

5. Were you claimed by your parent(s) on their previous year (2016) tax return?     Yes     No

6. Was your dependent claimed by anyone other than you on the previous year (2016) tax return?  
 Yes     No

If yes, please list the name of that person and their relationship to you, the student.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

7. Please list your estimated monthly expense for the support of your dependent(s), **over and above** the support received through any programs listed below.

\$\_\_\_\_\_ per month

8. Please list all source(s) of support. You must attach supporting documents. (Examples include: copy of most recent check stub; AFDC check; cancelled checks or other proof of child support paid/received; Health Insurance; WIC program eligibility notice; any other benefit that helps support your child).

By signing this worksheet, I certify all the information reported is complete and correct

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b><u>Please Return To:</u></b>		
<b>Trine University</b> Financial Aid Office 1 University Ave Angola, IN 46703	<b>Main Campus</b> 800.347.4878 option 3 260.665.4511 fax <a href="mailto:finaid@trine.edu">finaid@trine.edu</a>	<b>CGPS</b> 877.294.4878 260.665.4511 fax <a href="mailto:cgpsfinaid@trine.edu">cgpsfinaid@trine.edu</a>