



Office of Financial Aid

Phone: (740)389-4636

Email: financial-aid@mtc.edu

2023-2024 Statement of Support

Name: _____ Social Security # _____

Based on the information you provided on your FAFSA, we need more information regarding how you (and your parents) met your living expenses for the tax year. (For students with dependents – how you provided more than 50% support for your child/dependent in the previous year.) Please explain below how you met your financial obligations (rent/mortgage, food, utilities, medical costs, child care, transportation, etc.)

Please describe your (and your child/dependent's) living situation for the previous year:		
Did you have income or receive income for your child/dependent in the previous year? If so, indicate MONTHLY amount.		
Student		Parent(s)
\$	Income from work	\$
\$	Welfare (TANF)	\$
\$	Social Security	\$
\$	Unemployment	\$
\$	Child Support	\$
\$	Food Stamps	\$
\$	Other – Please specify:	\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$

	Did you have any bills that were in your name that someone else paid for you (cell phone, car payment, car insurance, etc)? If so, indicate the bill and the MONTHLY amount paid.	
Student		Parent(s)
\$		\$
\$		\$
\$		\$
\$		\$
Has your situation changed for the current year? If so, how? (Are you working, receiving Social Security, TANF, etc)		

No further action can be taken on your financial aid application until this information is returned to the Financial Aid Office.

By signing this worksheet, I/we certify that all the information reported on this worksheet is complete and correct. At least one parent must sign if applicable.

Student _____ Date ____/____/____

Parent _____ Date ____/____/____