

Office of Financial Aid

Phone: (740)389-4636 Email: financial-aid@mtc.edu

2024-2025 Statement of Support

Name: _____ Social Security # _____

your parents) met y more than 50% sup	nation you provided on your FAFSA, we need more information regarding your living expenses for the tax year. (For students with dependents – how port for your child/dependent in the previous year.) Please explain below ations (rent/mortgage, food, utilities, medical costs, child care, transport.	w you provided w how you met
Please	describe your (and your child/dependent's) living situation for the pre-	vious 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 ar	nount paid.	
Student			Parent(s)
\$			\$
\$			\$
\$			\$
\$			\$
	Has your situation changed for the current year?		
	(Are you working, receiving Social Security, T	ANF, etc)	
No further actio Financial Aid O	on can be taken on your financial aid application until thi	s information is r	eturned to the
	worksheet, I/we certify that all the information reported least one parent must sign if applicable.	on this workshee	t is complete
Student	Date		
Parent	Date	/ /	