



WESTERN MICHIGAN
UNIVERSITY

STUDENT NAME: _____

WIN: _____

DAYTIME PHONE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

WMU Student Financial Aid

1903 W Michigan Ave

Kalamazoo MI 49008-5337

(269) 387-6000

finaid-info@wmich.edu

DOCUMENTATION OF LEGAL DEPENDENTS OR CHILDREN YOU SUPPORT

Based on the information indicated in your Free Application for Federal Student Aid, you are considered an independent student and your status must be verified before your financial aid eligibility is determined. Return all documents to our office at least **30 days** prior to your last date of enrollment for the academic year you are requesting financial aid.

INSTRUCTIONS: Please indicate which of the following circumstances below applies to you and attach all required supporting documentation. Then, sign and return this form along with the necessary paperwork. If none of the options below apply to your situation and you have special circumstances, please make an appointment with a Financial Aid Counselor by calling Bronco Express at (269) 387-6000.

FORMS SUBMITTED WITHOUT REQUIRED DOCUMENTATION WILL RECEIVE AN AUTOMATIC DENIAL.

_____ 1. I have children who receive more than half of their support* from me during the academic year beginning July 1 through the following June 30.

Required Documentation:

- Copy of child's birth certificate
- Signed personal statement and documentation showing the following:
 - Estimate of monthly support* YOU provide
 - Amount of monthly support* provided by OTHERS (i.e. family members, friends, other parent, state agency)
 - Living arrangements for yourself and your child
 - Details of child care while you are attending classes, including cost (if any)

_____ 2. I have legal dependents (other than a spouse or children) who live with me AND receive more than half of their support* from me now and during the academic year beginning July 1 through the following June 30.

Required Documentation:

- Signed personal statement documenting the following:
 - Names and ages of dependents that live with you
 - Relationship of dependents to yourself
 - Estimate of monthly support* YOU provide for dependent(s)
 - Amount of monthly support* provided by OTHERS (i.e. family members, friends, state agency, etc)

* *SUPPORT includes but is not limited to: monetary/financial, food, food stamps, housing, utilities, clothing, medical/dental care/insurance, child support, child care, education, transportation, recreation, etc.*

CERTIFICATION STATEMENT: By signing this worksheet, I certify that all the information reported in it is complete and correct. I further understand that purposely giving false or misleading information regarding eligibility for Federal or State aid may result in fines, jail terms or both. I certify I will provide any additional documentation required.

STUDENT SIGNATURE: _____ **DATE:** _____

Return your completed form to Bronco Express on the lower level of the Bernhard Center. You may also email or mail to the address above. Be sure to include your name and WIN on all pages. Missing information may delay the processing of financial aid.