

Section I: GENERAL INFORMATION

Name: _____
Last First Middle Initial Phone (include area code)

Student ID #: _____ Social Security #: _____

1. Did you receive Financial Aid in 2008-2009? Yes No

2. Did you receive Social Security Benefits in 2008-2009? Yes No

3. List of Expenses and Support

A review of your financial aid application indicates that your total income from all sources appears to be unusually low. On this document, please list your monthly expenses, your monthly amount of support, and your source of support that you received in the calendar year.

Section II: LIVING EXPENSES	Cash Support <small>List the amount per month</small>	Who Paid this Expense?	Was Bill in your Name?
1. Housing (rent, mortgage)			Y / N
2. Food			N / A
3. Utilities			Y / N
4. Credit Card(s)			Y / N
5. Medical/Dental			Y / N
6. Child Care			Y / N
7. Clothing			N / A
8. Transportation/Auto (gas, car payments, insurance, maintenance)			Y / N
9. Tuition/Supplies			N / A
10. Other Personal Expenses			Y / N
11. Cash from Family/Friends			N / A
12. TOTAL MONTHLY (Expenses/Support)			N / A

In the space below, please explain how you lived on limited or no income. - (Attach a separate sheet if necessary.)

By signing this worksheet, I certify that all the information reported to qualify for student financial aid is true and accurate. I understand that if any part of this form is incomplete, my financial aid will be delayed.

Student's Signature: _____ Date ____/____/____

If applicable,
 Parent's Signature: _____ Date ____/____/____

Return completed and signed form to OFFICE OF FINANCIAL AID AND SCHOLARSHIPS
 Seminole State College of Florida
 100 Weldon Blvd, Sanford, Florida 32773 | Phone: 407.708.2045 | Fax: 407.708.2323