

RETURN TO: FINANCIAL AID OFFICE
P. O. BOX 17065
1400 J. R. LYNCH STREET
JACKSON, MS 39217-0165
OFFICE: 601-979-2227 • FAX: 601-979-2237
EMAIL: finaid@jsums.edu

2016-2017 Documentation of Legal Dependent or Child You Support

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	(Student's Last Name)	(Student's First Name)	(Student's J-Number)
under t award ; medical	he condition that you have a child or leg year. Support includes (but not limited	deral Student Aid (FAFSA) indicates that you gal dependent for whom you will provide more to) monetary/financial support, food, food sport, child care, education, transportation, relity can be determined.	e than half of their support for the tamps, housing, utilities, clothing,
SECTI		t applies to you AND submit the Required Domitted without the required documenta	
	I have a child who will receive more that July 1, 2016 through June 30, 2017, and	n half of their support from me during the acd/or	ademic year beginning
	I will have a child who will be born before from me beginning July 1, 2016 through	re the end of the award year who will receive 1 June 30, 2017.	more than half of their support
	 Signed personal statement and do Estimated amount and type of Estimated amount and type of (i.e. family members, friends, o Living arrangements for you a 	o indicate the due date for unborn child ocumentation from you which includes the: f monthly support you will provide; f monthly support which will be provided by cother parent, state agency, etc.);	
		applies to you AND submit the Required Do out the required documentation will not	
	I have a legal dependent (other than a support from me beginning July 1, 2016	a spouse or child) who lives with me AND we through June 30, 2017.	vill receive more than half of their
	Name and age of the legal depDependent's relationship to yo		

NOTE: If **neither** of the options above apply to you and you have special circumstances regarding your status, contact a Financial Aid Counselor at (601) 979-2227.

• Estimated amount and type of monthly support which will be provided by OTHERS

(i.e. family members, friends, other parent, state agency, etc.)

CERTIFICATION STATEMENT: I certify that all the information regarding my child or legal dependent is complete and correct. **WARNING:** If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.

Student's Signature: Date:
