

Student Information

Student's Name: _____

Student's Address: _____ City: _____ State: _____ Zip: _____

Student's SFSC ID: _____ Phone: (____) _____

On your Free Application for Federal Student Aid (FAFSA), you either did not provide income information, or you provided income information that seems unusually low.

Using this form, please indicate how you provided for yourself (and your family if applicable). If an agency or family/ friend assisted you, please identify who is helping you (or helped you last year) and how much they are providing to you (or provided for you last year) **monthly**.

Additional Information

If you are not receiving cash benefits, please indicate the amount of **monthly assistance** you receive for the following items. *(For example, if your friend or family member pays \$600 in rent and four people are living in the apartment, including you, then your share of the rent that is paid on your behalf would be \$150 per month)* **Some items may not apply.**

Rent/Mortgage	\$ _____	Received from: _____
Utilities (power & water)	\$ _____	Received from: _____
Food	\$ _____	Received from: _____
Transportation (Auto)	\$ _____	Received from: _____
Household	\$ _____	Received from: _____
Other _____ (Specify)	\$ _____	Received from: _____
Other _____ (Specify)	\$ _____	Received from: _____
Total	\$ _____	

➤ **By signing below, the student acknowledges and confirms that the above is complete and correct.**

 Print Student's Name

 Student's Signature

 Date

Please submit all documents to: SFSC Financial Aid Office
 600 West College Drive, Building B, Avon Park, FL 33825
OR E-mail: FinancialAid@southflorida.edu