

2007-2008 Confirmation of Dependent(s)



Please complete, sign and return this form to:

St. Cloud Technical College
Financial Aid Office
1540 Northway Drive
St Cloud, MN 56303

Student Information

Name (last, first, middle initial)

Social Security Number or Tech ID #

Phone Number

E-mail Address

Dependent Information

Name of the dependent(s) _____

Age of the dependent(s) _____

What is your relationship to the dependent(s)? _____

Use short, concise sentences to explain how you will support the dependent(s) from August 2007 through July 2008. Also explain and document support provided by others.

Attach documentation such as your current pay stub, the dependent's other parent income, your dependent's birth certificate, letters from legal authorities, etc. Without supporting documentation, your appeal cannot be reviewed.

To the best of my knowledge, the information included in this document is true and complete.

Student Signature

Date

For Office Use Only

Appeal Approved Appeal Denied

Staff Signature

Date

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This document is available in alternative formats to individuals with disabilities by calling 1-800-222-1009 or by calling the Minnesota Relay Service at 1-800-627-3529.