

OFFICE OF SCHOLARSHIPS AND FINANCIAL AID

WARRINER HALL 202, MOUNT PLEASANT, MI 48859 PHONE: (989) 774-3674; FAX: (989) 774-3634

Financial Aid Portal

Verification of Parental Support

| udent Name (please print) | | Campus ID Number | |
|--|-----------------------------------|---|--|
| arent 1 Name (please print) | | Parent 2 Name (please print) | |
| arent(s) Asset Informa | tion | | |
| nancial support during th rovide an equal amount o | ne last 12 months is the contribu | and don't live together, the pautor and must provide their infon't support you financially, the mation. | rmation. If both parents |
| Type of Support | | | Required Documentation |
| Monthly | Parent 1 - Print Name | Parent 2 – Print Name | Provide the following proof of Support with this form: |
| Income | \$ | \$ | W2(s) / 1040(s) |
| Car Insurance | \$ | \$ | Copy of proof of insurance card |
| Child Support | □Received □Paid \$ | □Received □Paid | Copy of court documents / divorce decree |
| Phone Bill | \$ | \$ | Copy of phone bill |
| Food | # of meals provided p/week | # of meal provided p/week | We will use the same estimated amount used to determine a student's Cost of Attendance |
| Car Payment | \$ | \$ | Copy of bank statement or loan/payment documents |
| Housing: Rent / Mortgage | \$ | \$ | Copy of lease or mortgage statement |
| Health Insurance | \$ | \$ | Proof of insurance coverage |
| Other: Please be specific | \$ | \$ | |
| ertification and Signat | ure | | |
| | | n I have provided on this form and or mentation to support the above stat | |