

Sandburg Financial Aid
 2400 Tom L. Wilson Blvd
 Galesburg, IL 61401
 Phone: 309.341.5283
 Fax: 309.344.2529



**CARL
 SANDBURG
 COLLEGE™**
 www.sandburg.edu

2017-2018 Support of Dependents

Student's Name _____

Student ID# _____ Last 4 SSN# xxx-xx-_____

According to our records, you indicate that you have legal dependents. Please respond to each of the items identified below.

Name of Dependent	Relationship to Student	How long have you provided support?	Does this person live with you?

For each of the items listed below, please specify the amount you paid for calendar year 2015, 2016 and/or 2017. In the last column please list who provided payment of these items by stating the person who covered the expense and the amount provided:

Expenses	2015	2016	2017	Who paid for it?
Housing: Rent or Mortgage				
Utilities: Electric, Gas, Water, Cable				
Telephone, Cell Phone				
Food Stamps				
Food				
Medical Insurance				
Transportation: Car expenses, gas, repairs, insurance				
Personal Expenses: Personal Hygiene, Cleaning Supplies Paper Products				
Clothing				
Social Security Benefits				

I certify the information provided above is true and complete.

Signature _____ Date _____