



St. John's College  
Department of Nursing

## OFFICE OF FINANCIAL ASSISTANCE

729 E. Carpenter Street  
Springfield, IL 62702  
(217) 544-6464 Ext. 44705

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### 2021-2022 Verification of Supporting a Child Independent Student

The data from your Free Application for Federal Student Aid (FAFSA) indicated that you reported a dependent child or children who live with you and who receives more than half their support from you, now and through June 30, 2021.

Please provide the requested information about your household size and dependents for 2020-2021 and return your completed form to the Financial Aid Office.

**INSTRUCTIONS:** To determine if a child is your dependent, add up his/her expenses. If you are paying more than half that amount and will continue to do so through June 30, 2021, complete the remainder of this form. If you are NOT paying more than half the expenses and/or will not continue to do so through June 30, 2021, please contact the financial aid office. It will be necessary to make corrections to your application.

1. On your FAFSA, (Question 50) you indicate that you have a dependent child or children. Did you claim this child as a dependent on your 2015 Federal Income Tax Return? Yes  No

If you answered "No" in section 1, please complete step 2.

2. Will this child or children reside with you AND will you provide more than half his/her (their) support from July 1, 2020 through June 30, 2021? Yes  No

If you answered "Yes," to question 2, please provide the following information about your child (children) and attach any other documentation that you provide more than one-half of their support.

- Child's Birth Certificate and Social Security Card
- Proof of Health Insurance
- Proof of any WIC or Link Benefits
- Child Support Received \$\_\_\_\_\_.00 (From July 1, 2020 to June 30, 2021).

If you answered "No," you must resubmit your FAFSA as a dependent student and include requested parents' information.

3. SIGNATURE: My signature certifies that the information given is true, complete and correct.

\_\_\_\_\_  
Signature (Required)

\_\_\_\_\_  
Date