Sam Houston State University Financial Aid and Scholarships Office MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

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incomplete verification packets will NOT be accepted.
Dependent Students will list:
3/4 Yourself
3/4 Your parent(s) that live in the household (this should also be the same parent(s) listed on your FAFSA). This includes stepparents. 3/4 Yourparent(s) othehildren who are ages % (% ar(s) ldif your parent(s) will provide more than 50% of their support from July 1, 2023 through J
2024.
O Siblingshat are listed as "in college" must be: enrolled at least half time and have a birthdate after January 1,
O Siblingsthat are dual enrolled while in high saath total included in the household trast "in college."
Independent Students will list:
3/4 Yourself
34 Your spouse if married. 34 Your children if you will provide more than 50% of their support fro rthdollygh, 12002 330,2 2 0
o Children that are listed as "in college" must be: en 2 0 Td 9b c1leg-1.7 (be18 Tw)-10 (s)a0%lb ()-13 (t)-1.7t644 e35 Tw 1 63.121
6 Children and and included an incoming that so the sound of the contract of t
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6 D P X H O % H D U N D W
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6DEULQD %HDUNDW 6LVWHU 6+68 ,' □No
6DZ\HU %HDUNDW %URWKHU
Statements of support *therededamily members listed in household that are not dependents on your taxes maly lazel detriputes techay be asked to provide proof that you
or your parent (sa) y more than 50% of their financial support.
WARNING: If you purposely give false or misleading information you may be fined, sentenced to jail, or both. Each betsweetigifiles that all of the information is complete and correct.
complete and correct.
Student i@nature: 6 D P P \ % H D U N D W Date:
Parent Bynature: 6 D P X H O % H D U N D W Date: an

cial Aid and Scholarships Office

Email: PDF from SHSU Email to fadocuments@shsu.edu • Fax: 936.294.3668