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Student Support Worksheet

Name _____ Student ID _____ SSN _____

In order to verify your status as an independent student for financial aid purposes, we must collect this information from students who are under 24 years old and have answered "YES" to one or both of the FAFSA questions reporting that you provide more than half the financial support of children or other legal dependents. PLEASE USE YOUR ACTUAL CURRENT EXPENSES AND EARNINGS THAT PERTAIN TO YOU AND YOUR DEPENDENT.

Total # living in household (student, child/children): _____

Monthly Expenses for household (expenses that pertain to you and your dependent)

| | |
|--|----|
| Rent/Mortgage | \$ |
| Food | \$ |
| Utilities (electricity, water, etc. Not included in Rent/Mortgage) | \$ |
| Repairs | \$ |
| A. TOTAL EXPENSES | \$ |

| | |
|---|--|
| Monthly Personal Expenses for you: | Monthly Expenses for Person(s) you supported: |
|---|--|

| | You | Person 1 | Person 2 | Person 3 |
|---|-----|----------|----------|----------|
| Clothing, diapers, etc. | \$ | \$ | \$ | \$ |
| Cell Phone | \$ | \$ | \$ | \$ |
| Car/Transportation | \$ | \$ | \$ | \$ |
| Gas | \$ | \$ | \$ | \$ |
| Medical/Dental | \$ | \$ | \$ | \$ |
| Education | \$ | \$ | \$ | \$ |
| Entertainment/Recreation | \$ | \$ | \$ | \$ |
| B. TOTAL EXPENSES and C EXPENSES | \$ | \$ | \$ | \$ |

| | |
|--|--|
| Monthly Resources You receive (in your name): | Monthly Resources of person(s) you supported (in their name): |
|--|--|

| | Your Resources | Person 1 Resources | Person 2 Resources | Person 3 Resources |
|--|----------------|--------------------|--------------------|--------------------|
| Income/Wages (Attach paycheck stub or SSA statement) | | | | |
| WIC | | | | |
| TANF | | | | |
| Food Stamps | | | | |
| Child Support | | | | |
| D. TOTAL EXPENSES and E. TOTAL EXPENSES | \$ | \$ | \$ | \$ |

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