

Office of Financial Aid

Phone: (740)389-4636 Email: financial-aid@mtc.edu

2025-2026 Statement of Support

Name: Social Security #

your parents) met y more than 50% supp	nation you provided on your FAFSA, we need more information regarding our living expenses for the tax year. (For students with dependents – ho port for your child/dependent in the previous year.) Please explain below tions (rent/mortgage, food, utilities, medical costs, child care, transportations)	w you provided w how you met
Please	describe your (and your child/dependent's) living situation for the prev	vious year:
	, , , , , , , , , , , , , , , , , , , ,	·
	Did you have income or receive income for your child/dependent in the previous year? If so, indicate MONTHLY amount.	
Student		Parent(s)
\$	Income from work	\$
\$	Welfare (TANF)	\$
\$ \$	Social Security	\$
\$	Unemployment	\$
\$ \$ \$	Child Support	\$
\$	Food Stamps	\$
\$	Other – Please specify:	\$
\$		\$
\$		\$
		\$
\$		7
\$		7
\$		3

	-	Did you have any bills that were in your name that someone			
	else paid for you (cell phone, car	• •			
	If so, indicate the bill and th	e MONTHLY amou	nt paid.		
Student				Parent(s)	
\$				\$	
\$				\$	
\$				\$	
\$				\$	
	Has your situation changed for t	he current vear? If s	o. how?		
	(Are you working, receiving S	•	-		
	(- /		,		
No further action Financial Aid C	on can be taken on your financial aid appl ffice.	lication until this inf	ormation is re	eturned to the	
	worksheet, I/we certify that all the information of the control of	nation reported on tl	nis worksheet	t is complete	
Student		Date	//		
Parent		Date	/ /		