



Financial Aid
May Hall, Room 111
Dickinson State University
291 Campus Drive
Dickinson, ND 58601-4896

Office Hours: 7:45 a.m. - 4:30 p.m. Monday - Friday
Phone: 1-800-279-4295 ext. 2371 or 701-483-2371
Fax: 701-483-2409
Web: www.dickinsonstate.edu
Email: dsu.financialaid@dickinsonstate.edu

2018-2019 Legal Dependent Form

Student's Name _____ **Student's ID#** _____

Your 2018-19 financial aid application indicates that you have at least one dependent child. To claim the child/children as a legal dependent for financial aid purposes, you must currently be providing *more than half* of their support and continue to do so through June 30, 2019. Support includes housing, food, money, car, clothes, medical and dental care, childcare, insurance, etc. If the child does not live with you, you must still be able to document that you pay more than half of their support.

Please list the children to whom you provide more than 50% support:

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

If you need to list additional children, please do so on the back of this form.

Are you the biological parent or legal guardian of the child/children named above? Yes No

If your dependent is not yet born, what is the due date? ____/____/____

Please note: You must notify our office if there is a change such as pregnancy status, adoption, etc.

How much child support did you receive in 2016? \$_____

Does/will anyone else (i.e. other parent, grandparents, significant other) help provide for your child/children through June 30, 2019?

Yes No If yes, how much is contributed per year \$_____ Relationship to child _____

Who will the child physically reside with during the 2018-19 academic year?

You Child's other parent Other (please list relationship to child) _____

Who claimed the child on their taxes for 2016? _____ for 2017? _____

Please explain the living and financial arrangements you share for the child/children. List any other support that you and/or your child /children receive(d) _____

Your financial aid will be on hold until this form has been received, reviewed, and the Verification process is complete. To ensure timely processing of your aid, we suggest that you submit this form to one of the addresses above **WITHIN 30 DAYS**. Thank you for your cooperation and prompt response.

The information provided on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of aid.

Student's Signature _____ **Date** ____/____/____

Parent's Signature (if student is dependent) _____ **Date** ____/____/____