



2024-2025 Statement of Support (Form F24SUPP)

Return this form and related documents to the Wabash College Financial Aid Office
PO Box 352, Crawfordsville IN 47933
765-361-6166 (fax)

You indicated on the FAFSA that you:

- a) have or will have children who will receive **more than half** of their support from you between July 1, 2024 and June 30, 2025 and/or
- b) have dependents (other than your children or spouse) who currently live with you and who receive **more than half** of their support from you, now and through June 30, 2025.

The income you reported seems unusually low to support others. Therefore, we must verify how you are able to live on the amount reported and evaluate all sources of income contributing to your overall financial support. Please provide supporting documentation (ex. current pay stubs, bank statements, etc.) to substantiate your income and resources used to support your child/ren and/or other dependents.

Student's Name _____

Wabash Student ID # _____

| Section 1 | Annual Living Expenses (for the past 12 months) | |
|---|--|-----------|
| Rent / Mortgage | (per month _____ X 12) | \$ |
| Utilities | (per month _____ X 12) | \$ |
| Food do not include SNAP or food stamps | (per month _____ X 12) | \$ |
| Transportation | (per month _____ X 12) | \$ |
| Other: | (per month _____ X 12) | \$ |
| Other: | (per month _____ X 12) | \$ |
| Other: | (per month _____ X 12) | \$ |
| TOTAL ANNUAL EXPENSES | | \$ |
| Section 2 | | |
| Income earned from work (provide most recent pay stubs) | | \$ |
| Child support you <u>received</u> | | \$ |
| Name of person who paid child support <u>to</u> you: | | |
| Welfare benefits (including TANF) and/or SNAP | | \$ |
| Supplemental Security Income (SSI) | | \$ |
| Social Security Benefits | | \$ |
| Non-educational veteran's benefits | | \$ |
| Disability income (other than Social Security) | | \$ |
| Unemployment compensation | | \$ |
| Gifts and/or cash support received | | \$ |
| Name/s of persons who gave you gifts or cash: | | |
| Other: | | \$ |
| Other: | | \$ |
| TOTAL ANNUAL RESOURCES | | \$ |

In **Section 3**, list all of your children and/or other dependents who you are supporting. Include detailed information about with whom your child/ren have lived since birth. Include months and years of each residence, up to the current date. Attach additional pages as necessary. For dependents other than your children or spouse, indicate the month and year they moved in with you (when you began paying **more than half** of their support).

| Section 3: Children / Dependents | | | |
|---|------------|---------------------|--------------------------------|
| Name | Age | Relationship | Residing With and Dates |
| | | | |
| | | | |

| Section 4: Statement |
|--|
| On a separate page, provide a general statement of how you have been able to support yourself and your child/ren or others. Explain how you will continue to provide for each child/dependent through June 30, 2025. |

Certification

I certify that I am the student and that all information contained in this document concerning the financial support of my child/ren and/or others is true. I understand that reporting inaccurate or incomplete information may result in a charge-back of financial aid awarded on the basis of the inaccurate information.

Student's Signature

Date

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

NOTE: If you realize that you answered the dependency questions incorrectly on the FAFSA, please make corrections at <https://studentaid.gov>. You will need to include your parents' demographic and income information and resubmit your FAFSA. You do not need to return this form if you correct your FAFSA to reflect that you don't provide **more than half** of the financial support for your child/ren or others.