## MEANS OF SUPPORT FORM

Prek12 Programs Outreach Support Services School Year 2024-25



Student Last Name:	Student First Name:		
Parent/Legal Guardian (Your) Name:			
The Means of Support form is a required \$5,000 or less for 2022. <b>Complete this for program deadline you are applying to.</b> I incomplete and will not be reviewed.	orm and uploa	d to your Financial Ai	d or Scholarship application by the
MONTHLY EXPENSES IN 2022 (Plea	se estimate the tot	al support provided for eac	ch section. Blank forms will be returned)
Type of Expense	Estimated	Monthly \$ Amount	Source of Financial Support
Example: Housing	\$500.00		Student's Grandparent(s)
Housing*			
Utilities*			
Food			
Clothing			
Child Support Payments Paid by you			
Health Insurance and Medical			
Expenses			
Car Insurance			
Car Payment			
Child Care			
Other:			
Explanation of Circumstances (provide	e any additional inf	ormation about your financi	al situation in 2021)
Explanation of off-dampainees (provide	e uny udditional ini	omation about your maner	di stattori ili 2021)
CERTIFICATION (Please read carefully and	l sign helow)		
CERTIFICATION (Fedase read carefully and	r sigir below)		
I/We hereby certify that the above state and other documentation as requested providing inaccurate, incomplete and/ disqualification.	. I/We acknow	ledge that failure to di	sclose any requested information, or
Parent/Legal Guardian #1 Signature		Date	Phone Number
Parent/Legal Guardian #2 Signature (if	applicable)	Date	Phone Number