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Children Supported Verification

Student Name (Print)	FSU ID #	
Permanent Home Mailing Address		
City	State	Zip
Phone		
Place of residence during academic year (If Different)		() Check if same as above
City	State	Zip
Phone		

For the 2025 – 2026 academic year, you indicated that you have a financially dependent child(ren).

Please complete the information below and attach backup documentation to prove support.

Name of Child Supported:	DOB:		
Name of Child Supported:	DOB:		
Name of Child Supported:	DOB:		
Are you the child(ren)'s biological or legally adopted parent?	Yes	No	
Do you own, rent, or stay with family/friends	Own	Rent	Family/Friends
Does the child(ren) live with you during the academic year?	Yes	No (Describe Below)	
Other_____			
Did you claim the child(ren) as a tax exemption in 2023?	Yes	No	
Did you claim the child(ren) as a tax exemption in 2024?	Yes	No	
Will you claim the child(ren) as a tax exemption in 2025?	Yes	No	

Current Sources of Income/Support per Month

(*Please attach proof of each income source applicable)

Wages:	Food Stamps (SNAP):
WIC/TANF/AFDC/Welfare:	Housing / Utility Assistance
Parent or Relative:	Other:
Social Security Benefits:	Child Support:
By signing, you certify that the information given on this form is true and complete. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.	
Signature:	Date:

Office of Student Financial Aid 101 Braddock Road, Frostburg, MD 21532
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