

Student ID #:_	

Date received:

## 2025 - 2026 Financial Resources Form - DEPENDENT STUDENT

Student's Name	Address	Phone /Cell	SSN (last 4 digits)
Parent's Name(s)	Address	Phone/Cell	
Dear Student:			
Federal Student Aid Regulat Student Aid Report before d	ions, the Financial Aid Office is require	d that your parent(s) reported minimal in ed to clarify how your parent(s) lived or ibility. <b>Please have your parent(s)</b> con	the amounts stated in you
	prior to the processing of your financia 307) 754-6158 or financialaid@nwc.edu	l aid. If you have any questions regardi	ng completion of this form
SECTION 1 – Parent l	Financial Resources (amounts)		
	e ANNUAL GROSS amounts from all ar amount. Do not leave any blanks.	sources of INCOME in 2023. Comple	ete all questions with at
		2023 Monthly	2023 Annual
1. Parent(s): Wages		\$	\$
2. Parent (and/or spouse	e): Other financial resources:	\$	\$
3. Parent: SNAP/Food S	Stamps	Yes	No
4. Parent: Medicaid		Yes	No
5. Parent: Social Securi	ty (SSI)	Yes	No
6. Student : TANF		Yes	No
you received child su	t you record in question #8 is the amoun	t from the <u>last complete calendar year</u> ir 2023 tax year required for the other res swer this question.)	



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SECTION 2 – Parent Financial Resources	(exp	lanation)
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Parent Signature:

PARENTS:	In addition to the figures, you recorded on side 1, please explain in the narrative space below (or on a separate sheet of paper), how you paid for family <b>living expenses in 2023</b> . Be sure to include all sources of income and resources such as: child support (from the last complete calendar year), food stamps, student financial aid, health care assistance (Medicaid), rental assistance, etc.



Parent: Did you fully complete this form, including signature? We will return any incomplete or unsigned forms for correction and it will delay your dependent's financial aid process. If you have questions concerning this form please contact the Financial Aid Office.

Date: \_\_\_\_