



Student ID #: \_\_\_\_\_

Date received: \_\_\_\_\_

# 2026 – 2027 Financial Resources Form – INDEPENDENT STUDENT

Financial Aid & Scholarships Office | 231 W Sixth St Bldg. 1, Powell, WY 82435 | (800) 560-4692 or (307) 754-6158  
[nwc.edu](http://nwc.edu) | [financialaid@nwc.edu](mailto:financialaid@nwc.edu) | fax: (307) 754-6154

Student Name	Address	Phone /Cell	SSN (last 4 digits)
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Dear Student:

After careful review of your 2026-2027 Student Aid Report, we noted that you (and/or your spouse) reported minimal income for tax year 2024. Per Federal Student Aid Regulations, the Financial Aid Office is required to clarify how you lived on the amounts stated in your Student Aid Report before determining your federal student aid eligibility. **Please complete Sections 1 & 2 and return this form to the Financial Aid & Scholarship’s Office.**

This information is required prior to the processing of your financial aid. If you have any questions regarding completion of this form, please contact our office at (307) 754-6158 or [financialaid@nwc.edu](mailto:financialaid@nwc.edu).

## SECTION 1 – Student and/or Spouse Financial Resources (*amounts*)

Please indicate **ANNUAL GROSS** amounts from all sources of INCOME in 2024. Complete all questions with at least a \$0-dollar amount. Do not leave any blanks.

	2024 Monthly	2024 Annual
1. Student (and/or spouse): Wages	\$ _____	\$ _____
2. Student (and/or spouse): Financial Aid/Scholarships	\$ _____	\$ _____
3. Student (and/or spouse): Other financial resources: _____	\$ _____	\$ _____
4. Student (and/or spouse): SNAP/Food Stamps	Yes _____	No _____
5. Student (and/or spouse): Medicaid	Yes _____	No _____
6. Student (and/or spouse): Social Security (SSI)	Yes _____	No _____
7. Student (and/or spouse): TANF	Yes _____	No _____
8. Student (and/or spouse): Child Support RECEIVED*		\$ _____

(\*NOTE: The amount you record in question #8 is the amount from the last complete calendar year in which you received child support, which may be different from the 2024 tax year required for the other resources listed on this form. Please pay close attention to how you answer this question.)



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## SECTION 2 – Student and/or Spouse Financial Resources (*explanation*)

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 (or your spouse) paid for family **living expenses in 2024**. 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.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WAIT!**

*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.*