

**Determination of Half Support (2024-2025)**

**Independent Student**

An individual or individuals who live with you and where you provide more than half of their support and will continue to provide more than half of their support from July 1, 2024 through June 30, 2025, may be counted in your household members for financial aid purposes. These may include friends and other family members such as an uncle, aunt, cousin, grandparent, etc. Please complete the information below providing documentation as requested. Your information will be reviewed to determine if the individual listed qualifies. To submit this form please print the document, sign it and fax it to the Financial Aid office at (621) 869-9033 or mail to Sterling College, 125 W. Cooper, Attn: Financial Aid, Sterling, KS. 67579

Student Information. Print the information below.

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Last name	First name	Social Security Number	
Address		Date of birth	
City	State	Zip Code	Phone number (include area code)

Other Individual You Wish Included in Your Household.

Print the name, age, and relationship of the individual whom you wish to add to your parent’s household size. Use one form for each individual.

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Last name	First name	Age	Relationship
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**Please reply to the questions below. This information will help determine if you provide more than half support to the other people included in your household size. These may include friends and other family members such as an uncle, aunt, cousin, grandparent, etc.**

1. On what date did the other person beginning living with you? \_\_\_\_\_
2. Will the other person **continue to live** with you between July 1, 2024 and June 30, 2025? \_\_\_\_\_

Support Type	\$ Amount per month paid in house	# in household	Divided by # in household
Rent/Mortgage			
Food			
Clothing			
Medical			
Utilities			
Travel			
Repairs			
Cash:			
Other:			
Other:			
<b>TOTAL</b>			

**Determine the amount of support to the other person.**

- Use the following worksheet to determine the amount of financial support your parent provides to this person.

1. How much financial support does your parent(s) or significant other/spouse, provide to this other person? They provide \$\_\_\_\_\_ financial support each month. (Per Total amount from last column above.)
2. What date did this financial support begin? \_\_\_\_\_

**List any In-Kind support provided to this individual**– How much do you pay for expenses that the individual is obligated to pay? These are items in this person’s name that you pay on their behalf. (Example: cell phone bill in their name, but parent pays the bill.) Total amount of in-kind support \$ \_\_\_\_\_ per month.

**Other person's income.** What financial resources does this other person have? List earnings from work, money received from others, benefits, etc. Also include income from other parties in the household, such as boyfriend/girlfriend.

List Source	2024 Estimated Income Amount

By signing this form, you certify that all the information reported on it is complete and correct.

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Any questions should be directed to the financial aid office at 621-278-4407 or [finaid@sterling.edu](mailto:finaid@sterling.edu)

OFFICE USE ONLY:

Total Student Support per month x12	Other Person's income for year

Greater number provides 51% or more of the support for the student