Dependent Family Size/Number in College 2024-2025



Last Name		First Name		Student or STAR ID
SECTION 2: Fam	ily Inforn	nation		
 The student The parent or parent Your parents' other support and will co Other people, only i will continue to reco 	ts (including children/ste ntinue to pro f they now live eive that finant d will be atte	vide more than half of their suve with your parent and will rencial support through June 30	old live with your parents) if y upport through June 30, 2 eceive more than half of th 0, 2025 ne (6 or more credits) in a	your parent(s) provide more than half of their 2025 neir financial support from your parent and degree, diploma or certificate program
Name	Age	Relationship to Student Student	College South Central College	Program Level (PSEO, undergraduate, graduate) Undergraduate
•				
,	certify that	all the information reported o	n this form is complete an	nd correct.
By signing this form, we	certify that	all the information reported o	n this form is complete an	

RETURN BY EMAIL

RETURN BY MAIL - NORTH MANKATO CAMPUS

financialaid@southcentral.edu

South Central College Financial Aid Office 1920 Lee Boulevard

RETURN BY FAX (507) 389-7419

(507) 389-7419 North Mankato, MN 56003 Office Use: 0406, 0408, 0506, 0508

