



BELMONT COLLEGE

2021 – 22 Additional Support Form

Student's Last Name Student's First Name MI Student's ID #

Student's Belmont E-mail Address Student's Phone Number Student's Date of Birth

Please provide information about any other resources, benefits and other amounts received by the student and spouse (if married), OR parent(s), if a dependent student, and any other members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and includes such things as federal veterans' education benefits, military housing, SNAP, TANF, etc. Please complete all sections of the form. For items that do not apply indicate with a "0" for amounts and "n/a" for other information.

Table with 3 columns: NAME OF RECIPIENT, TYPE OF SUPPORT, AMOUNT OF SUPPORT IN 2019. Rows include Child Support Received, TANF/AFDC Benefits, SNAP, HOUSING ASSISTANCE, WIC, WIA, SOCIAL SECURITY/SSI, Unemployment Compensation, Alimony, Combat Pay, and Other.

If you received other assistance that is not listed above please provide an explanation below with the type and amount of the assistance provided. For example, if you or your family lives with someone who provides you room, food, utilities, gasoline, etc. please provide their name, relationship to you and an estimate for the dollar value of support provided.

COMMENTS (Use reverse side, if needed):

CERTIFICATION AND SIGNATURES

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. Please note - If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Signature

Date

Parent's Signature (Required for Dependent Students)

Date

PLEASE RETURN THIS FORM TO THE FINANCIAL AID OFFICE AT 68094 HAMMOND ROAD, ST. CLAIRSVILLE, OH, 43950 OR FAX IT TO 740-699-3033. If you have any questions, please contact the Financial Aid Office at 740-695-8510.