2024-2025 Child/Dependent Confirmation Form



Office of Scholarships and Financial Assistance

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Student information

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Our records indicate you listed require that you must provide n as a dependent. Please provide	nore than 50% of the cl	hild/dep	endent's s	support in	order to list	him/her
Name of child or dependent	Relationship to you	Age	Does the dependent live with you all year?		Was this person claimed on your 2022 tax return?	
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
 If Yes, attach all available docume A copy of a birth certificate A copy of your local lease A copy of dependent's loca A signed explanation provibut may not be limited to mexpenses. If No, please sign the form and retrovide parental information. Certification statement By signing, I certify that all information accepted. 	e (if the dependent is your agreement. al daycare provider informating the amount of suppononey, gifts, loans, food, turn it to our office. You was	r child). nation. ort and t clothes, will need	he source o medical/de I to make co	of the supp ntal care, a prrections t	ort. Support and personal to your FAFS	SA and
Student Signature (required) Warning: If you purposely g	Date ive false or misleading information,	you may be	fined, be senten	ced to iail, or bo	oth.	
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