2026-2027 **Child/Dependent Confirmation Form**

First name

Last name

Student Signature (required)



Middle initial

Office of Scholarships and **Financial Assistance**

Northwest 919 number

800 University Drive Maryville, MO 64468 finaid@nwmissouri.edu Office: 660-562-1363 Fax: 660-562-1674

Student information

Our records indicate you listed a child/dependent on your 2026-2027 FAFSA. Federal regulations require that you must provide more than 50% of the child/dependent's support in order to list him/her as a dependent. Please provide the following information and attach appropriate documentation.

Name of child or dependent	Relationship to you	Age	Does the dependent live with you all year?		Was this person claimed on your 2024 tax return?	
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No

Name of child or dependent	Relationship to you	Age	Does the dependent live with you all year?		Was this person claim on your 2024 tax retur	
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
Do you or will you provide more that Yes No If Yes, attach all available document • A copy of a birth certificate (i • A copy of your local lease ag • A copy of dependent's local • A signed explanation providi but may not be limited to mo expenses. If No, please sign the form and return provide parental information. Cartification statement	tation from the list below if the dependent is your greement. daycare provider inform ng the amount of suppo ney, gifts, loans, food,	w when child). nation. ort and the clothes,	submitting the source of medical/de	this comple of the supp ntal care, a	eted form: ort. Support and personal	
Certification statement By signing, I certify that all information raccepted.	reported is complete and	accurate	. I understand	d electronic	signatures wil	I not be

Warning: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.

Date