Office of Student Financial Aid and Scholarship Services
MSC 5100
New Mexico State University
P. O. Box 30001
Las Cruces, NM 88003-8001
Phone: 505-646-4105
Toll Free: 877-278-8586

Independent/Underage
Certification of Dependent Support
2008 – 2009

_____ _____

Student's Name (Please Print) **Banner ID Number**

List below any dependents who receive **more than half** of their support from you **and who will continue** to receive this support through out the 2008 – 2009 academic year.

NOTE: Only one individual and that individual's spouse can report support of the dependents listed below for financial aid purposes.

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the following as it appears on the child's birth certificate. If the child has not yet been born, you will need to provide a doctor's note with the expected due date.

_____ _____

Mother's Name Father's Name

_____ _____

Child's Name Child's Date of Birth

This information is true and complete to the best of my knowledge.

_____ _____

Student Signature Date