



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
COMPROBANTE DE INGRESOS DE ESTUDIANTE

FECHA:

A. STUDENT IDENTIFICATION DATA (COMPLETED BY FSD)			
OFFICE	STUDENT NAME		
ADDRESS	DCN	SOCIAL SECURITY NUMBER - -	
CITY, STATE, ZIP	CASE NAME	CASE DCN	
PHONE - -	CASE ADDRESS		
NAME AND ADDRESS OF INSTITUTION/SCHOOL	INSTRUCTIONS: The information on this form will be used to verify the income and expenses for the student named above. Please complete Section C and return the form to the Family Support Division office. PLEASE FAX RESPONSE TO: - -		

B. AUTORIZO QUE SE DIVULGUE INFORMACIÓN SOBRE MI CONDICIÓN DE ESTUDIANTE Y MIS APOYOS FINANCIEROS Y GASTOS EDUCATIVOS A MISSOURI FAMILY SUPPORT DIVISION.

Firma del estudiante (student signature): _____ Fecha (date): _____

C. STUDENT INCOME/EXPENSE DATA (COMPLETED BY POST SECONDARY SCHOOL OFFICIAL)

1. DOES YOUR SCHOOL/INSTITUTION REQUIRE A GED OR HIGH SCHOOL DIPLOMA FOR ADMISSION? YES NO

2. THE STUDENT IS ENROLLED FOR: <input type="checkbox"/> FULL-TIME ATTENDANCE <input type="checkbox"/> HALF-TIME ATTENDANCE	NO. HRS. ENROLLED	PERIOD OF TIME	
		START DATE	END DATE

3. STUDENT INCOME-PLEASE LIST ALL INCOME THE STUDENT RECEIVES THROUGH YOUR INSTITUTION AND ALL EXPENSES THE INCOME IS INTENDED TO COVER. THIS INFORMATION AIDS US IN ALLOWING ALL APPLICABLE DEDUCTIONS.

TYPE OF GRANT, LOAN, SCHOLARSHIP, (PELL, SEOG, STAFFORD, ETC.) LIST EACH SOURCE SEPARATELY	EDUCATIONAL EXPENSES THE INCOME IS INTENDED TO COVER	FUNDED THROUGH TITLE IV? (Even partially)	REPAYMENT DEFERRED?	DATE PAID OR TO BE PAID	COVERED PERIOD
1. AMOUNT \$	Tuition _____ Transp _____ Fees _____ Supplies _____ Books _____ Loan fees insurance premiums _____ Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO		
2. AMOUNT \$	Tuition _____ Transp _____ Fees _____ Supplies _____ Books _____ Loan fees insurance premiums _____ Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO		
3. AMOUNT \$	Tuition _____ Transp _____ Fees _____ Supplies _____ Books _____ Loan fees insurance premiums _____ Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> NO		

IF THERE ARE MORE THAN 3 INCOME SOURCES, PLEASE SUPPLY ADDITIONAL INFORMATION ON BACK OF FORM.

5. IS THE STUDENT PARTICIPATING IN A FEDERALLY FINANCED TITLE IV WORK-STUDY PROGRAM? YES NO
 COMPLETE THE CHART BELOW FOR ALL WORK STUDY INCOME RECEIVED.

RATE OF PAY	HOURS WORKED	DATE PAID	PAYROLL CYCLE (WEEKLY, BIWEEKLY, ETC.)	EDUCATION EXPENSES (The income is intended to cover)
				Tuition _____ Transp. _____ Fees _____ Loan _____ Supplies _____ premiums _____ Books _____ Other _____

6. ARE THERE ANY OTHER KNOWN SOURCES OF INCOME EITHER AVAILABLE OR BEING RECEIVED BY THE STUDENT? IF YES, PLEASE EXPLAIN. (USE REVERSE SIDE.) Yes NO

SCHOOL OFFICIAL'S SIGNATURE and PRINTED NAME/TITLE _____ DATE _____