



**SOUTH TEXAS  
COLLEGE**

Student Financial Services - Bldg. K 1.700  
3201 W. Pecan Blvd. McAllen, TX 78501  
PH 956-872-8375 FAX 956-872-6461

<b>FOR OFFICE USE ONLY</b>
Correction date & #: _____
Initials: _____
New SAI: _____

## Support Worksheet 2024-2025

<b>STC ID</b>	<b>SSN</b> XXX-XX-	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MI</b>
<b>PHONE NUMBER</b>	<b>STC EMAIL</b>		@stu.southtexascollege.edu	

You indicated you have a dependent other than your children or spouse on your FAFSA. The individual needs to meet the following requirements to be included as part of your family size.

- They must live with you/and or your parent (if a dependent student).
- They must receive more than half of their support from you/and or your parent (if a dependent student), and will continue to receive more than half of their support from July 1, 2024 through June 30, 2025.

<b>PLEASE PROVIDE THE FOLLOWING INFORMATION</b>	
<b>Name of the person providing the support:</b>	<b>Name of the person being supported:</b>
<b>Age of the person being supported:</b>	<b>Relationship to person providing the support:</b>
<b>Does this person live with you?</b>	<b>How long has this person lived with you?</b>
<b>Who owns the home or pays the rent?</b>	<b>Who pays for the utilities for this residence?</b>
<b>Was this person claimed as an exemption on the tax return of the person providing the support?</b>	YES ____ NO ____
If YES, please provide a signed copy of the providers 2022 Tax Return.	
<b>Does this person work?</b>	
If they work, how much do they earn per month?	
<b>Does this person pay any of their expenses?</b>	
If yes, please provide receipts and list expenses they pay:	
<b>Does this person receive any other income (i.e., Cash, Savings, Social Security, Supplemental Income, Retirement or Pension, VA Benefits, Alimony, Child Support, Workers Compensation, TANF, WIC, SNAP)?</b>	YES ____ NO ____
<b>Type of Income:</b>	
<b>Amount of Income per month:</b>	

The College District does not discriminate or tolerate discrimination against any employee, applicant for employment, student, or applicant for admission. Conduct that excludes participation, denies benefits, or subjects others to discrimination is prohibited. The College District complies with all applicable policies and state and federal legislation in order to combat discrimination.

ESTIMATED MONTHLY EXPENSES PAID FOR PERSON BEING SUPPORTED	
EXPENSE	AMOUNT PAID
FOOD/CLOTHING:	\$
MEDICAL/DENTAL (i.e., Doctor Visit, Medication, Eye Glasses):	\$
PERSONAL CARE:	\$
EDUCATION EXPENSES (Tuition, Books, Supplies):	\$
OTHER (Specify):	\$

<p>Please provide a brief statement explaining why this person lives with you. If the person is a minor, please explain where their parents live and why the child lives with you.</p>

Processing your Support Worksheet may take up to 2 weeks from the date it is submitted or longer during peak registration times. Incomplete documentation will delay the review process. Any tuition and fees you owe the College are due on the dates specified regardless of the status of your Support Worksheet. Payment arrangements should be made while your Support Worksheet is being reviewed. Support Worksheets will be approved/disapproved by Student Financial Services Staff. All decisions made by Student Financial Services Staff will be final. Please note that Support Worksheets submitted without supporting documentation will not be approved. Please submit completed form and supporting documentation to the Student Financial Services Office. By signing below, you acknowledge that it is your responsibility to check the status of your Support Worksheet on your **JAGNET account, by clicking on the Financial Aid APP then selecting Notifications to view your active messages.** Your handwritten or electronic signature below binds you to all the conditions stated on this document.

**CERTIFICATION and HANDWRITTEN SIGNATURES – We can only accept electronic signatures/typed signatures if you are uploading your documents via your STC JagNet account, which authenticates your identity.**

<b>Student Signature:</b>	<b>Date:</b>
<b>Parent Signature:</b>	<b>Date:</b>

STUDENT FINANCIAL SERVICES DEPARTMENT USE ONLY				
Approved:	Disapproved:	Pending:	SFSS Initials:	Date:
Additional Information Requested/Comments:				