



State University of New York College of
Environmental Science and Forestry

Dear SUNY ESF Student:

The Financial Aid Office has received your Free Application for Federal Student Aid (FAFSA) for the 2024-2025 academic year, and you answered **YES** to having a child/children for whom you provide more than 50% of their support. Students who can demonstrate that they will provide more than half of their child(ren)'s financial support from July 1, 2024 through June 30, 2025 may be considered independent for federal financial aid purposes.

If you do not provide over half of the financial support for your child(ren), you need to correct that question on your FAFSA to "no" and provide your parents information and their signature on your FAFSA.

How should documentation be submitted? All documentation should be submitted to:

SUNY ESF Office of Financial Aid
113 Bray Hall
1 Forestry Drive
Syracuse, NY 13210
(315) 470-6670
(315) 470-4734 (Fax)

Please do not e-mail any confidential information. You may also submit documentation using the document upload function available through the [student's login](#) to the Self-Service Portal – <https://banner.esf.edu/StudentSelfService/ssb/financialAid>.

Thank you for your prompt attention to this matter. Should you have any questions, please call us at 315-470-6670 or e-mail us at finaid@esf.edu.

Sincerely,

Mark J. Hill
Director of Financial Aid

2024-2025 Federal Student Aid
Dependent Support Worksheet



Office of Financial Aid - SUNY ESF
1 Forestry Drive Syracuse, NY 13210
315-470-6670; 315-470-4734 (Fax)
E-mail: finaid@esf.edu (no documents)

You answered **YES** to having a child/children for whom you provide more than 50% of their support. Please complete this worksheet entirely and return it to the Office of Financial Aid along with all required documentation. Documentation may be submitted using postal mail or fax with the contact information above, or through the student's account on the secure Self-Service Portal at <https://banner.esf.edu/StudentSelfService/ssb/financialAid>. Please do not e-mail any validation information.

Student Last Name

Student First Name

Student MI

Student ID – F#####

Section A: List all dependent children for whom you provide more than half of their support.

Name	Date of Birth	Child lives with me
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B: Document how you support yourself and your child(ren). Indicate your current monthly income and attach the required documentation for each source of income below.

Income Source	Monthly Amount	Documentation
Wages	\$	Recent paystub(s)
Child Support	\$	Current documentation of child support received
Public Assistance	\$	Public assistance budget
Social Security	\$	Social Security Statement
Assistance from your parent(s)	\$	Written statement from parent(s) signed and dated
Other	\$	Documentation verifying amount of income received

Section C: Additional Information

- Are you currently residing with anyone other than your child(ren)? ☐ Yes ☐ No
If "Yes", what is their name and relations to you?
Name: _____ Relationship: _____
How much is this person contributing towards the monthly household expenses? \$_____/month
- Who claimed your child(ren) as a dependent on their 2023 federal income tax return?
Name: _____ Relationship to your child(ren): _____

By signing this worksheet, the student, certifies that all the information reported on it is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. **IMPORTANT NOTE – "WET" SIGNATURES ARE REQUIRED. DO NOT TYPE NAMES, USE IMAGES, MOUSE/TOUCHPAD DRAW SIGNATURES, ETC.**

Student Signature

Date