

Determination of Half Support (2026-2027)

Dependent Student

An individual or individuals who live in your household and your parent(s) provide more than half of their support and will continue to provide more than half of their support from July 1, 2026 through June 30, 2027, may be counted in your household members for financial aid purposes. These may include friends and other family members such as an uncle, aunt, cousin, grandparent, etc. Please complete the information below providing documentation as requested. Your information will be reviewed to determine if the individual listed qualifies. To submit this form please print the document, sign it and fax it to the Sterling College Financial Aid office at 620-869-9033 or mail to Sterling College, 125 W. Cooper, Attn: Financial Aid, Sterling, KS. 67579.

Student Information. Print the information below.

| | | | |
|-----------|---------------|----------|----------------------------------|
| Last name | First name | | |
| Address | Date of birth | | |
| City | State | Zip Code | Phone number (include area code) |

Other Individual You Wish Included in Your Household.

Print the name, age, and relationship of the individual whom you wish to add to your parent’s household size. Use one form for each individual.

| | | | |
|-----------|------------|-----|--------------|
| Last name | First name | Age | Relationship |
|-----------|------------|-----|--------------|

Please reply to the questions below. This information will help determine if you provide more than half support to the other people included in your household size. These may include friends and other family members such as an uncle, aunt, cousin, grandparent, etc.

1. On what date did the other person beginning living in your household? _____
2. Will the other person **continue to live** in your household between July 1, 2026 and June 30, 2027 _____

Determine the amount of support to the other person.

- Use the following worksheet to determine the amount of financial support your parent provides to this person.

| Support Type | \$ Amount per month paid in house | # in household | Divided by # in household |
|---------------|-----------------------------------|----------------|---------------------------|
| Rent/Mortgage | | | |
| Food | | | |
| Clothing | | | |
| Medical | | | |
| Utilities | | | |
| Travel | | | |
| Repairs | | | |
| Cash: | | | |
| Other: | | | |
| Other: | | | |
| TOTAL | | | |

1. How much financial support does your parent(s) provide to this other person? They provide \$_____ financial support each month. (Per Total amount from last column above.)
2. What date did this financial support begin? _____

List any In-Kind support provided to this individual– How much does your parent(s) pay for expenses that the individual is obligated to pay? These are items in this person’s name that parent pays on their behalf. (Example: cell phone bill in their name, but parent pays the bill.) Total amount of in-kind support \$ _____ per month.

Other person's income. What financial resources does this other person have? List earnings from work, money received from others, benefits, etc.

| List Source | 2026 Estimated Income Amount |
|-------------|------------------------------|
| | |
| | |

Each person signing this form certifies that all the information reported on it is complete and correct.

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____

Any questions should be directed to the financial aid office at 620-278-4407 or finaid@sterling.edu

OFFICE USE ONLY:

| Total Parent Support per month x12 | Other Person's income for year |
|------------------------------------|--------------------------------|
| | |

Greater number provides 51% or more of the support for the student