



2026-2027 AWARD YEAR
Statement of Support

Please provide information about any resources, benefits, and other amounts received during 2024 by you and any member of your household. This may include items that were not required to be reported on your Free Application for Federal Student Aid (FAFSA). Please include things such as SSI, Disability Benefits, federal veteran's education and non-education benefits, military housing benefits, SNAP, TANF, child support, clergy benefits, public assistance, and/or student loan proceeds. Documentation showing receipt of these funds may be requested. Also include the amount of any bills someone paid on your behalf or the estimated value of funds paid on your behalf, for example, if you live rent free include what your rent would have cost you as a benefit.

STUDENT INFORMATION			
Last Name	First Name	M.I.	Social Security Number
Street Address (include apt. no.)		City	State
Telephone Number (include area code)		Date of Birth	Email Address
ANNUAL INCOME AMOUNTS RECEIVED in 2024 (DO NOT LEAVE ANY BLANKS) List ANNUAL amounts, NOT Monthly amounts		STUDENT (and SPOUSE, if applicable)	PARENT (S) (if applicable)
Earnings from all jobs (Attach all 2024 W- 2's)			
Veterans Non-Educational Benefits (i.e.: Disability, Death Pension, DIC)			
Financial aid you received from college			
Social Security Benefits			
Workman's Compensation, Disability (do not include untaxed Social Security or SSI)			
Child support received			
Alimony received			
Money received from family or friends			
Bills in your name paid by someone else			
Housing, Food or other Living Allowances Paid for Clergy, Military, etc.			
UNTAXED IRA Distributions received:			
NYS Rehabilitation Benefits			
Tax-Deferred Pension/Savings			
IRA Deductions/Payments:			
Other UNTAXED Income:			
Other Sources, Explain:			
Total ANNUAL Income			
Additional Information			
Does your family receive federal benefits such as TANF, SNAP, housing subsidy, fuel assistance, etc.?			

Comments:

By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a \$20,000 fine, a prison sentence, or both, according to the Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all Federal financial assistance.

Student Signature	Date
Parent's Signature (if dependent)	Date
Spouse's Signature (if married)	Date