



Student ID #: _____

Date received: _____

2023 – 2024 Financial Resources Form – INDEPENDENT STUDENT

Financial Aid & Scholarships Office | 231 W Sixth St Bldg. 1, Powell, WY 82435 | (800) 560-4692 or (307) 754-6158
nwc.edu | financialaid@nwc.edu | fax: (307) 754-6154

Student Name	Address	Phone /Cell	SSN (last 4 digits)
--------------	---------	-------------	---------------------

Dear Student:

After careful review of your 2023-2024 Student Aid Report, we noted that you (and/or your spouse) reported minimal income for tax year 2021. Per Federal Student Aid Regulations, the Financial Aid Office is required to clarify how you lived on the amounts stated in your Student Aid Report before determining your federal student aid eligibility. **Please complete Sections 1 & 2 and return this form to the Financial Aid & Scholarship’s Office.**

This information is required prior to the processing of your financial aid. If you have any questions regarding completion of this form, please contact our office at (307) 754-6158 or financialaid@nwc.edu.

SECTION 1 – Student and/or Spouse Financial Resources (*amounts*)

Please indicate **ANNUAL GROSS** amounts from all sources of **INCOME** in 2021. Complete all questions with at least a \$0-dollar amount. Do not leave any blanks.

	2021 Monthly	2021 Annual
1. Student (and/or spouse): Wages	\$ _____	\$ _____
2. Student (and/or spouse): Unemployment	\$ _____	\$ _____
3. Student (and/or spouse): Worker’s Compensation	\$ _____	\$ _____
4. Student (and/or spouse): Vocational Rehabilitation	\$ _____	\$ _____
5. Student (and/or spouse): Child Support PAID	\$ _____	\$ _____
6. Student (and/or spouse): Child Support RECEIVED	\$ _____	\$ _____
7. Student (and/or spouse): Social Security	\$ _____	\$ _____
8. Student (and/or spouse): Financial Aid/Scholarships	\$ _____	\$ _____
9. Student (and/or spouse): TANF	\$ _____	\$ _____
10. Student (and/or spouse): Money received, or paid on your behalf (e.g., bills)	\$ _____	\$ _____
11. Student (and/or spouse): Other financial resources: _____	\$ _____	\$ _____
12. Student (and/or spouse): SNAP/Food Stamps	Yes _____	No _____
13. Student (and/or spouse): Medicaid	Yes _____	No _____

Continued →



Student ID #: _____

Date received: _____

SECTION 2 – Student and/or Spouse Financial Resources (*explanation*)

In addition to the figures you recorded on side 1, please explain in the narrative space below (or on a separate sheet of paper), how you (or your spouse) paid for family **living expenses in 2021**. Be sure to include all sources of income and resources such as: annual child support, food stamps, student financial aid, health care assistance (Medicaid), rental assistance, monetary gifts from family/friends...

Student Signature: _____ Date: _____

WAIT!

Did you fully complete this form, including signature? We will return any incomplete or unsigned forms for correction and it will delay your dependent's financial aid process. If you have questions concerning this form please contact the Financial Aid Office.