



FINANCIAL AID OFFICE

7932 OPOSSUMTOWN PIKE • FREDERICK, MD • 21702 • (301) 846-2620 • FAX (301) 624-2886

2019-2020 Support for Adult Dependents Form (Dependent Student)

Student's Last Name		Student's First Name		Student's FCC ID#	
ne Financial Aid Office at Frederick deral Student Aid (FAFSA). We meted on your verification worksheet. d/or relationship. Please fully compancial Aid Office. By signing, you worksheet.	nust confirm that you Their dependency of the olete this form with	our parent(s) are fir on your parent(s) red h accurate informat	nancially s quires furth ion, sign a	supporting cert her verification and date, and a	ain household member(s) in due to their reported age return the form to FCC's
NAME(S) OF HOUSEHOLD MEMBERS THAT MUST BE CONFIRMED AS DEPENDENTS PER FINANCIAL AID ASSOCIATE/COUNSELOR		DATE OF BIRTH MM/DD/YYYY	RELATIONSHIP TO PARENT		WILL PERSON LIVI WITH PARENT 7/1/19 THRU 6/30/20
1.					
2. 3.					
ho claimed these dependents on thei					
_	neir <u>2019</u> Federal Ir	ncome Tax Return?			2019 (anticipated)
ho will claim these dependents on the	neir <u>2019</u> Federal Ir	ncome Tax Return?			
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Frederick Community College prohibits discrimination against any person on the basis of age, ancestry, citizenship status, color, creed, ethnicity, gender identity and expression, genetic information, marital status, mental or physical disability, national origin, race, religious affiliation, sex, sexual orientation, or veteran status in its activities, admissions, educational programs, and employment.