

2018-2019

Supplemental Resource Form

Section I: GENERAL INFORMATION

Student Name _____ SUSLA ID # _____

Email _____ Phone # _____

Parent Name _____ (For Dependent student only)

Section II: Please provide a response to ALL of the questions below. DO NOT LEAVE ANY QUESTION BLANK. Use \$0 if the monetary item does not apply to you.

1. Did you receive financial support from any of these sources in 2016?

- TANF
 Section 8 Housing
 Social Security
 WIC
 Financial Aid
 Medicare/Medicaid
 VA housing Allowance
 Other Income \$ _____

Additional space provided for explanation, if needed.

2. Please indicate the amount of support for the following expenses in 2016. Amounts should be indicated as monthly and please list the name of the person who paid the expenses:

Student 2016 Expenses			Parent 2016 Expenses (For Dependent student only)		
	Per Month	Paid By		Per Month	Paid By
Example: Dry Cleaning	\$30	Parents	For Example: Cable	\$30	Myself, Mother
Housing (Room/Rent)	\$		Housing (Room/Rent)	\$	
Utilities	\$		Utilities	\$	
Car Payment	\$		Car Payment	\$	
Car Insurance	\$		Car Insurance	\$	
Gas or Transportation	\$		Gas or Transportation	\$	
Food/Meals	\$		Food/Meals	\$	
Telephone or Cell phone	\$		Telephone or Cell Phone	\$	
Other Personal Expenses (i.e., clothing, childcare, etc.)	\$		Other Personal Expenses (i.e., clothing, childcare, etc.)	\$	
TOTAL	\$		TOTAL	\$	
Annual Amount (Total x 12 months) =			Annual Amount (Total x 12 months) =		

BY SIGNING THIS WORKSHEET, I CERTIFY THAT ALL THE INFORMATION REPORTED TO QUALIFY FOR STUDENT FINANCIAL AID IS TRUE AND ACCURATE. I UNDERSTAND THAT IF ANY PART OF THIS FORM IS INCOMPLETE, MY FINANCIAL AID WILL BE DELAYED.

Student Signature: _____ Date ____/____/____

Parent Signature: _____ Date ____/____/____

INTERNAL USE ONLY: Supplemental Resource Form would satisfy requirement: For 1819 use SUPR16

Southern University at Shreveport does not discriminate on the basis of race, color, national origin, gender, age, disability or any other protected class. Title IX Coordinator: Dr. Tuesday W. Mahoney, Johnny L. Vance, Jr. Student Activity Center, Room 208, (318) 670-9201. Section 504 Coordinator: Ms. Jerushka Ellis, Health & Physical Education Complex, Room 314, (318) 670-9367.

Return completed and signed forms to the **Office of Financial Aid and Scholarships** on your campus or mail to:
 Southern University at Shreveport ■ 3050 Martin Luther King, Jr Dr. Shreveport, LA 71107 ■ Fax 318-670-6313