



Financial Aid Office
Independent Student Status (1CHILD/1DEP)
2024-2025

➔ Click [here](#) if you'd like to complete this form electronically using DocuSign. ➔

Name: _____ ID#: _____

On your 2024-2025 FAFSA, you selected, “*The student has children or other people (excluding their spouse) who live with the student and receive more than half of their support from the student now and between July 1, 2024, and June 30, 2025.*” Based on this response, please complete all of the following:

- List the children or other people who will receive support below:

Name of Child/Dependent	Age	Your Relationship to Child/Dependent	Does the child/dependent live with you?
			Yes/No
			Yes/No
			Yes/No
			Yes/No

- To demonstrate how you are providing more than 50% of the cost of supporting your child(ren)/dependent(s), you must provide the following documentation:

- A copy of the birth certificate for each child (not required for other dependents)
- A copy of the Medical Card for each child (not required for other dependents)
- A copy of your current housing lease
- A copy of current income information – provide **one** of the following:
 - A **signed** copy of your 2023 IRS Form 1040 submitted to the IRS, or
 - Your 2023 IRS Tax Return Transcript, or
 - Your 2023 W-2 and 1099 forms (*if you were not required to file taxes*)
- A copy of any untaxed income for 2023

- Do you currently live with your parents? Yes No
- Were you or your child(ren)/dependent(s) claimed on someone else’s 2023 tax returns?
 Yes No

Black Hawk College Financial Aid Office, 6600 34th Avenue, Moline, IL 61265
Phone: 309-796-5400 Fax: 309-796-5447 Email: finaid@bhc.edu

Black Hawk College does not discriminate on the basis of race, color, national origin, sex, disability, or age.

If yes, by whom? _____

5. Who provides health insurance for your child(ren)/dependent(s)? _____

6. Do your parents provide any financial support to you or your dependent(s)? Yes No

If yes, please explain:

7. For each child/dependent reported in Question 1, list their current income earned from working and/or any untaxed income they receive.

Name of Dependent	College	Annual Income	Source(s) of Income
		\$	
		\$	
		\$	
		\$	
		\$	

8. To demonstrate how you are providing more than 50% of the cost of supporting your child(ren)/dependents, you must provide the following information. Please list the average amount provided per month from each source (student, parent, or others):

Monthly Expenses	Amount Provided by STUDENT	Amount Provided by STUDENT'S PARENT(S)	Amount Provided by OTHERS <i>Government agencies, grandparents, etc.</i>
Housing	\$	\$	\$
Electricity/Gas	\$	\$	\$
Water/Garbage	\$	\$	\$
Food	\$	\$	\$
Health Care	\$	\$	\$
Daycare	\$	\$	\$
Personal/Other	\$	\$	\$

Student Signature _____ Date _____

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