



2018 - 2019 LOW INCOME STATEMENT

Student Financial Aid & Scholarships
P. O. Box 629
Grambling, LA 71245

Place an X in front of your Student Status

Toll Free: 1-800-569-4714
Fax: 318-274-3358
www.gram.edu

_____ **DEPENDENT** _____ **INDEPENDENT**

*A review of your financial aid application indicates that your parent(s), spouse, and/or your total income from all sources for 2016 appear to be unusually low. Your parent(s), spouse, and/or you must provide **ALL** of the information requested on this form and return this document to the Financial Aid Office at the address given above.*

SECTION A — STUDENT INFORMATION

Name: _____ G#: _____
Last First M.I.

1. Did your parent(s), spouse, and/or you receive Unemployment, Social Security benefits, SSI (disability), AFDC/TANF (welfare), Food Stamps, or Housing Subsidy in 2016?

- NO
 YES — List the name(s) of the benefit: _____

How much was received per month in 2016?

\$ _____ \$ _____ \$ _____
Parent Spouse Student

2. Did your parent(s), spouse, and/or you live with a relative or someone else who provided free room and board in 2016?

- NO
 YES — NAME: _____ RELATIONSHIP: _____

➔ IS YOUR NAME LISTED ON THE LEASE/MORTGAGE? YES NO

3. Did your parent(s), spouse, and/or you earn any income in 2016?

- NO
 YES — How much?

Parent: \$ _____ Source: _____
(Total amount for 2016 in U.S. dollars)

Spouse: \$ _____ Source: _____
(Total amount for 2016 in U.S. dollars)

Student: \$ _____ Source: _____
(Total amount for 2016 in U.S. dollars)

