KLAMATH
Community College

Financial Aid Office
7390 S. 6th Street
Klamath Falls, OR 97603
(541) 882-3521
www.klamathcc.edu

Statement of Dependent Support
2026-2027
(Please print in blue or black ink)

_____ _____ _____
Last Name First Name Middle Initial

_____ (_____)_____
Current Address Phone Number (Daytime)

_____ _____ _____
City State Zip

_____ _____ _____
Social Security Number Student ID # E-Mail Address

Name(s) of Dependents (do not include spouse): **Relationship** (Example: Child)

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

1. Do your dependent(s) live with you? ☐ **Yes** ☐ **No**

2. Do you provide over 50% of their financial support? ☐ **Yes** ☐ **No**

3. Do you and/or your dependents live with your parent(s)? ☐ **Yes** ☐ **No**

4. If your dependent is not your natural or adoptive child, will they live with you and receive over 50% of their support from you between July 1, 2026 and June 30, 2027? ☐ **Yes** ☐ **No**

Student Signature: _____ **Date:** _____

Klamath Community College is an equal opportunity educator and employer