

Curry College Student Financial Services 1071 Blue Hill Avenue Milton, MA 02186

## 2026-2027 Student Household Expenses / Benefits Summary

Student Name:			Curry ID: @			
The income reported on your F we can fully understand the st received by the student and any information on this form.	udent's financial s	ituation, please	provide information bel	ow about any other re-	sources, benefits an	d other amounts
Please identify one of the follo	owing that applies	to you:				
I am a <b>DEPENDENT</b> for fi PARENTS).	nancial aid purpose	es. I provided my	y parent's information or	the FAFSA. (This mu	st be completed by Y	OU and YOUR
I am an INDEPENDENT for and YOUR SPOUSE if married		poses. I did NO	Γ provide my parent's inf	formation on the FAFS.	A. (This must be cor	npleted by YOU
	Rece	ipt of Federal o	or State Funds (check	all that apply)		
Social Security	WIC		TANF	SNAP	_	_VA Benefits
ALL family member	s in the household.  Ing you with housing Student/Spouse	ng, please note the Parent(s)	VA, Medicaid, or SSI be nis under "Explanation o	f how living expenses a	re met."  Student / Spouse	Parents
Pant/Martaga	(Independent)	(Dependent)	2024 Child Support		(Independent)	(Dependent)
Rent/Mortgage Utilities			TANF			
Groceries			Social Security/Disabil	lity		
Child Care			VA Benefits	nty		<b>-</b>
Insurance			Medicaid			
Transportation			Workers Compensation	1		
Transportation			Family Members/Othe			
	ELECTRONIC	ALLY GENE	RATED SIGNATUR		ACCEPTED.	
Parent Signature: (Required for Depend	ent students only)			Date:		

Please allow 24-48 hours for documents to be posted and/or to confirm receipt.

Student Financial Services (617) 333-2354 Fax: (617) 333-2915 Fin-aid@curry.edu