

Office of Financial Aid | PO Box 41188 | Shreveport, LA 71134 | 318.869.5137 | 318.841.7266 | finaid@centenary.edu

2019-2020 PARENT LOW INCOME FORM

STUDENT'S NAME		ID#	
On your FAFSA, your parent re no indication of receiving bene eligibility for federal aid, we m	efits from Medicaid, S	SI, SNAP, TANF or WIC. In ord	
Please provide an explanation	of how your family's	iving expenses were paid in 2	016.
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By signing this worksheet, you complete and correct.	are certifying that all	information reported on the	worksheet is
Student's Signature	 	Parent's Signature	 Date