Centenary

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

2026-2027 PARENT LOW INCOME FORM

STUDENT'S NAME_____ ID#_____

On your FAFSA, your parent reported little to no income for 2024, taxed or untaxed. Also, there was no indication of receiving benefits from Medicaid, SSI, SNAP, TANF or WIC. In order to confirm your eligibility for federal aid, we must verify this information.

Please provide an explanation of how your family's living expenses were paid in 2024.

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By signing this worksheet, you are certifying that all information reported on the worksheet is complete and correct.

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Student's Signature *Date* *Parent's Signature* *Date*

Bring, mail, email (finaid@centenary.edu) or fax (318/841-7266) the completed worksheet, tax transcripts, and any other requested documents to the Centenary Financial Aid Office.