

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

2024-2025 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	living expenses were paid in 2	2022.
By signing this worksheet, you	are certifying that all	information reported on the	worksheet is
complete and correct.	, 0:::::	p	-
Student's Signature	 Date	Parent's Signature	 Date