ALABAMA AGRICULTURAL & MECHANICAL UNIVERSITY

Last Name	First Nar	me	M.I	
Date of Birth		Number p	Student Number (Alt. ID) rovided by the University. This is not your SSN.	
Home Phone number		Work Phone number		
Allowance may be available for ex for dependents that are unable to			l family support may be allowed	
Do you pay for elementary	or secondary educa	ational expenses for	a family member with a disability	
Do you have dependent ca	re expenses for a ch	hild, elderly or challe	enged family member?	
List family member(s) and the	amount of expense	ses below:		
List family member(s) and the Name	amount of expens	ses below: Relationship	Expenses	
	-		\$	
	-		\$	
	-		\$ \$ \$	
	-		\$ \$ \$ \$	
List family member(s) and the Name	-		\$ \$ \$	
	Age	Relationship	\$ \$ \$ \$ \$	
Name Required documents: Letter from the school and/	Age	Relationship	\$ \$ \$ \$ \$	

Alabama A&M University Office of Student Financial Aid P.O. Box 907 Normal, AL 35762 Telephone: (256) 372-5400 Website: www.aamu.edu/finaid Fax: (256) 372-5407