



**HINDS COMMUNITY COLLEGE**  
P.O. BOX 1100 • RAYMOND CAMPUS • RAYMOND, MISSISSIPPI 39154-1100

Office of Financial Aid

## Proof of Dependent Form

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I, \_\_\_\_\_, certify that I will provide more than half of  
Student name Id#

the support for \_\_\_\_\_ for the 2009-2010 year.  
Dependent's name relationship to student age

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date