

2024-2025 Financial Aid Verification Worksheet

Last Name	First	M.I.	W00 Student I.D.	Phone Number
Address		City	State	Zip code

NOTE: You are considered a DEPENDENT student if your parent’s signature was required on your FAFSA.

will be attending college (degree, certificate, or diploma program) at least half time between July 1, 2024, and June 30, 2025, please indicate. Do not include college information for parent(s). You must indicate whether financial support was provided for each person listed. If you need more space, attach a separate sheet.

Full Name	Age	Relationship	I /Parent(s) Provide More than 50% Financial Support	
		SELF	No	Yes
			No	Yes
			No	Yes
			No	Yes
			No	Yes
			No	Yes
			No	Yes
			No	Yes

Did any member of your household pay child support in 2022 because of a divorce, separation, or legal agreement?

NO YES

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name and Age of Child for Whom Support Was Paid	
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