



### DEPENDENT VERIFICATION WORKSHEET

Through the process called "Verification," your 2014-15 FAFSA information will be compared to this worksheet, additional documentation and Federal Income Tax information. **No payments will be disbursed until we receive and review these documents.**

- Parent and student should complete **both** sides of this worksheet and sign. **Do not leave any answers blank.**
- Submit this worksheet to the Financial Assistance Office **within 45 days.**
- **PLEASE NOTE: In addition to this verification form, you must complete the following items:**
  - Submit a copy of your High School Diploma or GED Certificate
  - Appear IN PERSON at the Alma financial aid office to sign an Identity and Statement of Educational Purpose
  - Show, IN PERSON, a government issued picture ID

#### A. STUDENT INFORMATION

STUDENT LAST NAME (PLEASE PRINT)

STUDENT FIRST NAME

ID #

#### B. FAMILY HOUSEHOLD INFORMATION

**1. List the people in your parent(s)' household, including:**

- **Yourself**, even if you don't live with your parent(s), and **your parent(s) or stepparent(s)**
- Your parent's other children if, (a) your parents will provide more than half of their support from July 1, 2014 through June 30, 2015, or (b) the children would be required to provide parental information when applying for Federal Student Aid, and
- Other people if they now live with your parent(s), and your parent(s) provide more than half of their financial support and will continue to provide more than half of their support from July 1, 2014 through June 30, 2015.
- **Please include the ages of your household members.**

**2. Write in the name of the college for any household member,** excluding your parent(s), who will be attending a postsecondary education institution at least half-time from July 1, 2014 – June 30, 2015, & will be enrolled in a degree, diploma, or certificate program.

*\*If you need more space, attach a separate page.*

FULL NAME	AGE	RELATIONSHIP	COLLEGE
1.		SELF	ALMA COLLEGE
2.			
3.			
4.			
5.			
6.			

**3. Supplemental Nutrition Assistance Program or SNAP**

**Yes**  **No** Did anyone in the parent(s) household receive benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as Food Stamps) any time during 2012 or 2013 calendar years? If "Yes," please provide the following:

Name of the Person Who Received SNAP	Amount Received in 2012	Amount Received in 2013
	\$	\$

**4.**

**Child Support Payments**

**Yes**  **No** One or both of the parents listed in Section B of this worksheet paid child support in 2013 and I have provided the necessary information below. I will provide documentation of the payment of child support to Alma College if requested.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Child Support was Paid	Amount of Child support Paid in 2013
			\$
			\$
			\$

*Continued on back*



**C. SIGN THE WORKSHEET**

The College must review the requested information, under the financial aid program rules (CFR title 34, Part 668). If you are the student, by signing this application you certify that you (1) will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education, (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it, (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it, (4) will notify your school if you default on a federal student loan and (5) will not receive a Federal Pell Grant for more than one school for the same period of time. If you are the parent or the student, by signing this application you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include your U.S. or state income tax forms that you filed or are required to file. Also, you certify that you understand that the Secretary of Education has the authority to verify the information reported on this application with the Internal Revenue Service and other federal agencies. If you sign any document related to the federal student aid programs electronically using a Personal Identification Number (PIN), you certify that you are the person identified by the PIN and have not disclosed that PIN to anyone else.

**WARNING: if you purposely give false or misleading information on the worksheet, you may be fined, sent to prison, or both.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Social Security Number

\_\_\_\_\_  
Parent Date of Birth

\_\_\_\_\_  
Parent(s) Signature

\_\_\_\_\_  
Date

**PLEASE SUBMIT THIS FORM TO THE ALMA COLLEGE FINANCIAL AID OFFICE**

614 West Superior Street, Alma, Michigan 48801-1599 Telephone (989) 463-7347 Fax (989)463-7993

[finaid@alma.edu](mailto:finaid@alma.edu)