



2023-2024 VERIFICATION DEPENDENT STUDENT



STUDENT INFORMATION

_____ First Name _____ M.I. _____ Last Name _____
 _____ Student ID OR _____ () - _____ Phone Number FC23DSNC
 _____ Last 4 Digits of SSN

HOUSEHOLD INFORMATION (DEPENDENT STUDENT)

For questions regarding **your parents'** household, use the following information to determine who is to be counted as a member of the household:

- You, the student
- Your parent(s), including stepparent, **even if you do not live with them.**
- Your parents' other children, if your parent(s) will provide more than half of their support from July 1, 2023 through June 30, 2024, or if the children would be required to provide parental information if they were completing a FAFSA for 2023-2024. Include children who meet either of these standards **even if they don't live with your parent(s).**
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support from July 1, 2023 through June 30, 2024.

NUMBER IN COLLEGE (DEPENDENT STUDENT)

Complete the following chart by entering the name, age, and relationship to you of each person in the household, as defined above but **excluding a parent**, who will be attending college at least half-time between July 1, 2023 and June 30, 2024, and who will be enrolled in a degree, diploma, or certificate program. If the college that will be attended currently is undecided, please enter the name of the college that is most likely to be attended.

	FULL NAME	AGE	RELATIONSHIP TO STUDENT	COLLEGE (AT LEAST HALF-TIME ENROLLMENT)
1			Self	Indiana Wesleyan University
2				
3				
4				
5				
6				
7				

If more space is needed, provide a separate page with the student name and ID number at the top.

CERTIFICATION AND SIGNATURES

By signing this worksheet, I certify that all the information reported on this worksheet is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Signature* _____ Date _____

Parent Signature* _____ Date _____

* Must be an actual "wet" signature. A digital signature or typed font signature is not acceptable. This form may be completed and "wet" signed via a tablet or smartphone with PDF signing capability using a stylus pen. You may need to download an app to access this feature.

Mail, fax, email, or deliver the completed worksheet to the financial aid office using the contact information listed below.

EMAILED FORMS MUST BE SENT FROM THE IWU STUDENT EMAIL ACCOUNT