

Step 1 - STUDENT INFORMATION

Sten 2 - FAMILY INFORMATION

First Name

if I purposely give false or misleading information, I may be fined, sentenced to jail, or both and my financial

Last Name

aid may be terminated.

STUDENT SIGNATURE (Required)

Office of Financial Aid 710 Colegate Drive, Marietta, OH 45750

Phone: 740.568.1908 • Fax: 740.376.0257

E-mail: finaid@wscc.edu

Date of Birth

be fined, sent to prison, or both.

DATE

2024-2025 Independent Student Household Verification Worksheet

The U.S. Department of Education selected your Free Application for Federal Student Aid (FAFSA) for a review process called verification. We are required by federal law to obtain this information. If there are differences between the information on your FAFSA and the results of verification, we will send corrections electronically to the U.S. Department of Education. If corrections are made, you will then electronically receive an updated Student Aid Report (SAR). This may result in an adjustment to your estimated financial aid award. Financial aid payments will not be made to your Student Account until all verification requirements have been met and the necessary corrections have been made.

M.I.

WSCC ID#

In the boxes below, please list all the Always include yourself, the stude Your spouse (if you are married). You and/or your spouse's children through June 30, 2025, even if the Other people if they now live with continue to provide more than has Number in College: In the boxes below, be su	ent. I, if you or e children you, the staff of their re to includ	your spouse will part of the p	provide more than half of the chiou. your spouse provides more than June 30, 2025. any household member who is, or w	ldren's support from Jul of the other people's su ill be, enrolled at least half t	ly 1, 2 024, pport and wi <u>ime</u> in a
degree, diploma, or certificate program at an the name of the college.	ı eligible po	ostsecondary education	onal institution any time between Jul	, 1, 2024, and June 30, 2025	i, and include
Full Name	Age	Relationship	Name of College		Enrolled Half Time
Example: JOHN SMITH	31	Self	WSCC		Yes
		Self	Washington State Community College		
			we have reason to believe that postsecondary educational ins		gnik
Step 3 – CERTIFICATION AND SIGNA	TURES				
I certify that all the information reported to a If additional documentation is required, I will				WARNING: If you purpose or misleading informatio	