

SECTION A: STUDENT INFORMATION

Office of Financial Aid Pioneer Hall 190 100 E. Claflin, Salina, KS 67401

V1 Dependent Institutional VerificationWorksheet

IMPORTANT: Your FAFSA was selected by the U.S. Department of Education for a process called verification. The verification process will be conducted by Kansas Wesleyan University in accordance with U.S. Department of Education's rules 34 CFR, Part 668. We must collect this information before awarding Federal Financial Aid. No further processing will be done until all documentation is provided.

I am completing FAFSA verification for the term(s): Fall 20______ Spring 20______ Summer 20 _____

Full Name Age Relationship to Student College attending (current year) Least Half					
List the people in your parents' household. Include: You and your parent(s) (including stepparent) even if you don't live with your parents, and Your parents' other children even if they don't live with your parent(s), if (a) your parents will provide more than half of support between July 1st and June 30th of the current academic year or (b) the children would be required to provide parenta information when applying for federal student aid, and Other people if they currently live with your parents, and your parents will provide more than half of their support between July 1st and June 30th of the current academic year. *If you need more spaces, please attach a sheet with additional family members listed.* Enrolled Least Half (Y/N)	Student Name: Last	First	Middle Initial KWU S	Student ID # or Social Security Number	Date
List the people in your parents' household. Include: You and your parent(s) (including stepparent) even if you don't live with your parents, and You parents' other children even if they don't live with your parents will provide more than half of support between July 1st and June 30th of the current academic year or (b) the children would be required to provide parenta information when applying for federal student aid, and Other people if they currently live with your parents, and your parents will provide more than half of their support between July 1st and June 30th of the current academic year. *If you need more spaces, please attach a sheet with additional family members listed.* Enrolled Least Half (Y/N)	Student Ema	ail address		Student Cell Phone nur	mber
You and your parent(s) (including stepparent) even if you don't live with your parents, and Your parents' other children even if they don't live with your parent(s), if (a) your parents will provide more than half of support between July 1st and June 30th of the current academic year or (b) the children would be required to provide parenta information when applying for federal student aid, and Other people if they currently live with your parents, and your parents will provide more than half of their support between July 1st and June 30th of the current academic year. *If you need more spaces, please attach a sheet with additional family members listed.* Enrolled Least Half (Y/N)	SECTION B: FAMILY INFORMATION	<u>1</u>			
Full Name Age Relationship to Student College attending (current year) Least Half (Y/N)	 Your parents' other chi support between July 1st information when apply Other people if they cu between July 1st and June 	ldren even if they of and June 30th of the of ying for federal stu Irrently live with you 30th of the current ac	don't live with your parent(s), current academic year or (b) the dent aid, and our parents, and your parents cademic year.	if (a) your parents will provide more children would be required to prove will provide more than half of their	ide parental
Self Kansas Wesleyan University	Full Name	Age	Relationship to Student	College attending (current year)	Enrolled at Least Half Time (Y/N)
			Self	Kansas Wesleyan University	
	_				

Updated: 01/2025

Office Use Only:

Initials



Office of Financial Aid Pioneer Hall 190 100 E. Claflin, Salina, KS 67401

Telephone: (785) 833-4316 *FAX*: (785) 404-1485 *Email*: finaid@kwu.edu

Student Name: Last First Middle Initial KWU Student ID # or Social Security Number Date

SECTION C: INCOME INFORMATION

Tax returns are Federal IRS Form 1040, Puerto Rican Tax Return, or a foreign income tax return.

<u>Initial to the left</u> which of the circumstances that is true for you regarding your tax filing status. If you will not/did not file taxes for the FAFSA required tax year, please be sure to include each employer and amounts earned from work in the box below <u>and</u> attach copies of W-2 forms for all employers.

1. St	tud	ent's Tax and	ncor	me Informati	on			Office use only
	l gav	e consent and approval fo	r FAFSA	to obtain my federal ta	x information	automatically from t	the IRS.	
		not give consent and approax Return Transcript OR agear.		-				
	I did	I had zero earned or taxable income in the required FAFSA tax year	OR	I had too little be required to Please complet and attach a co for student.	taxable inco file a tax te the table	ome to return. <i>below</i>	W-2 Attached (Y/N)	
2. Pa	arei	nt(s)' Tax and	Inco	me Informati	on			
	l gav	e consent and approval fo	r FAFSA	to obtain my federal ta	x information	automatically from t	the IRS.	
	of m the r signi	did not give consent and a y/our IRS Tax Return Tran equired FAFSA tax year. I ificant other if he/she is I use we are currently ma	script O underst sted in S	R a <u>signed</u> copy of my/c tand that I must also pr Section B of this form, o	our Tax Retur ovide a signe	n (1040) and associat d copy of a Tax Retu	ted schedules from ern for my spouse or	

*Parent(s)' Tax and Income Information (Continued on Next Page)

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First

Middle Initial

Student Name: Last

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Date

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KWU Student ID # or Social Security Number

Student Signatur	e	Date	Parent Signature	Date
At least one par	ent who is on the FAFS	A must sign.		
complete and co				
By signing this w	orksheet, I (we) certify	that all the in	ormation reported to qualify for feder	al student aid is
	subject to a F	ederal fine up to	\$20,000, a prison sentence, or both.	
WARNING: If you		_	ation in establishing eligibility for federal st	tudent aid, you may be
CTION D: SIGNATURE	- 			
TION D. SIGNATURE	c			
	,			
arent Cell Phone:	()			
arent Email Addr	ess:			
arent Name:				
	financial aid awards.			
		formation to c	ontact the parents to quickly resolve qu	uestions to prevent dela
arent Contact Inf	formation:			
			Ť	
			\$	
			\$	
			\$	
Empi	loyei		Amount earned	(Y/N)
Empl	lovor		Amount earned	W-2 Attached
	FAFSA tax year			
	taxable income in the required		attach a copy of all W-2 forms for par	rent ana spouse.
	earned or		a tax return. Please complete the	
		UK	I/We had too little taxable income to	·
	I/We had zero	OR	That I be been a little a	

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