

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

Telephone: (785) 833-4315 **FAX**: (785) 404-1485 **Email**: finaid@kwu.edu

V1 Independent 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.

am completing FAFSA verification for the term(s): Fall 20			Spring 2	20	Summer 20	
rum completing 174 374 vermee	ation for the terr	11(3): 1 uli 20	Jpi ii ig 2		3411111111 20	
Student Name: Last	First	Middle Initial	KWU Student ID # or Social Security Number		Date	
Student Email address			Student Cell Phone number			
SECTION B: FAMILY INFORMATION						
Other people if they more than half of the	pouse if you have I provide more tha I currently live wit Leir support betwe	an half of your suppo h you, and you prov en July 1 st and June 30	ide more than	n half of t academ	June 30 th of the current aca their support and will co ic year. mily members listed. **	ntinue to provi
Full Name	Age	Relationship to Student		College attending (current year)		Enrolled at Least Half Time (Y/N)
		Self		Kar	nsas Wesleyan University	
Office Use Only:	#			#	Initia	als

Version: 01/2025



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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> for the circumstance that is true for you regarding your tax filing status. If you, OR your spouse, filed taxes for the required FAFSA tax year, please be sure to include each employer and amounts earned from work in the box below and attach copies of W-2 forms for all employers.

Student's	(and Spouse's) Ta	x and I	ncome Info	ormation		Of or
	e consent and approval for FAFS/ Provide tax filing information for both the					
of my/ou the requi <i>significan</i>	not give consent and approval for r IRS Tax Return Transcript OR a red FAFSA tax year. I understand to ther if he/she is listed in Secturrently married or living togeth	signed copy of that I must tion B of this	of my/our Tax Retu t also provide a sign	irn (1040) and associat ned copy of a Tax Retu	ted schedules from rn for my spouse or	
I/We did	I/We had zero earned or taxable income in the required FAFSA tax year	ne Tax Retur	I/We had too litt to file a tax ret	le taxable income to urn. <i>Please comple</i> ch a copy of all W	te the table	
Em	nployer			Amount earned	W-2 Attached (Y/N)	
				\$		
				\$		
ECTION D: SIGNATU	<u>res</u>					
WARNING: If yo	ou purposely give false or mislead subject to a Federa	-	ation in establishing \$20,000, a prison se		udent aid, you may be	ž
By signing this complete and c	worksheet, I (we) certify that correct.	all the info	ormation reported	to qualify for federa	al student aid is	
Student Signat	ure	Date	Spouse Sign	nature (If required)	Date	- e

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