

SECTION A: STUDENT INFORMATION

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

V5 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.

ist the people in <u>your parents' household</u> . <i>Include</i> : You and your parent(s) (including stepparent) even if you d Your parents' other children even if they don't live with you support between July 1st and June 30th of the current academic y information when applying for federal student aid. and	don't live with your pare	r Social Security Number Student Cell Phone Numbe	Date
ist the people in <u>your parents' household</u> . <i>Include</i> : You and your parent(s) (including stepparent) even if you description your parents' other children even if they don't live with your parents' other they don't live with your parents' other and June 30th of the current academic years information when applying for federal student aid. and	don't live with your pare		er
ist the people in <u>your parents' household</u> . <i>Include</i> : You and your parent(s) (including stepparent) even if you d Your parents' other children even if they don't live with you support between July 1st and June 30th of the current academic y information when applying for federal student aid. and	don't live with your pare		
☐ You and your parent(s) (including stepparent) even if you d ☐ Your parents' other children even if they don't live with you support between July 1st and June 30th of the current academic y information when applying for federal student aid. and	don't live with your pare		
Your parents' other children even if they don't live with you support between July 1st and June 30th of the current academic y information when applying for federal student aid. and	don't live with your pare		
 Other people if they currently live with your parents, and between July 1st and June 30th of the current academic year. *If you need more spaces, please attach a sheet 	ear or (b) the children vector your parents will provide	parents will provide more th vould be required to provide de more than half of their su	parental
Full Name Age Relationship	o to Student Col	llege attending (current year)	Enrolled at Least Half Time (Y/N)
Self	K	ansas Wesleyan University	
Office Use Only: #	#	Initials	



Middle Initial

Student Name: Last

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

Date

	ent's Tax and Incon		ormation automatically from th	ie IRS.	only
	not give consent and approval for F. x Return Transcript OR a <u>signed</u> co ar.				
	I had zero earned or taxable income in the required FAFSA tax year	I had too little taxa be required to file Please complete the and attach a copy of for student.	ble income to a tax return. e table below	W-2 Attached	
			\$	(Y/N)	
			\$		
Daron	nt(s)' Tax and Incor	me Information	I		

KWU Student ID # or Social Security Number

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



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 Secu	rity Number	Date	
Parent	:(s)' Tax a	nd Income Info	rmatio	n (Conti	nued)			
		and will not file a U.S				ption):		Office use
		I/We had zero	OR		We had too little ta		be required to file	only
		earned or		а	tax return. Please	complete the	table below and	
	taxable income			at	attach a copy of all W-2 forms for parent and spouse.			
		in the required						
		FAFSA tax year						
	Emplo	yer				Amount earned	W-2 Attached (Y/N)	
							(1714)	
					Ş	•		
					Ş	5		
					Ş	5		
	ID graduate from ID receive a GED ID graduate from ID NOT receive a	n a home school program.	gh school dip	ploma.	Office Use Only: IF NO: IF NO: Dt Aid Place	HS Transcript Ok:	d from HS	
the	e above sources.					script Ok: Yes o		
f you grad	uated from h	nigh school, a home sc	hool prog	ram, or rece	•		sion file will be reviewe	d for
you at you	r KWU email	-	admitted				Office of Financial Aid wi official high school trans	
SECTION E:	<u>SIGNATURES</u>							
WARN	IING: If you p			-	on in establishing eligi 0,000, a prison senter	•	cudent aid, you may be	
	ing this wo	rksheet, I (we) certif ect.	y that all	I the inforn	mation reported to	qualify for feder	al student aid is	
At lea	st one pare	nt who is on the FAF	SA must	sign.				
Studen	t Signature		Da	ite	Parent Signatu	re	 Date	



I certify that I

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

am the individual signing this Statement

SECTION F: IDENTITY/STATEMENT OF EDUCATIONAL PURPOSE

(To be completed in front of a Student Financial Planning Representative or Notary Public)

INSTRUCTIONS FOR SUBMISSION OF THIS FORM: (Please read carefully.)

- **Option 1:** Present this form IN PERSON to the Kansas Wesleyan University Office of Financial Aid along with an unexpired valid, government-issued photo identification (i.e. driver's license, state-issued photo identification, military identification, or passport). If you present this form in person to the KWU Office of Financial Aid, we will maintain a copy of your government photo identification and date received and name of official who collected it.
- **Option 2:** If you are unable to present this form in person to KWU Office of Financial Aid, you MUST SIGN BELOW IN THE PRESENCE OF A NOTARY PUBLIC to have this form notarized. Notary publics can typically be found at banking institutions and government offices such as your local County Clerk.

IMPORTANT: Please read and sign the Statement of Educational Purpose below indicating that the statement and all other information contained on this worksheet is true and correct. WARNING! If you purposely give false or misleading information to help establish eligibility for federal student aid, you may be subject to a federal fine, a prison sentence, or both. By signing this statement, you certify that all the information reported in and for this student's application for financial aid is complete and accurate.

STATEMENT OF EDUCATIONAL PURPOSE

(Print Student's Name)

-		assistance I may receive will only be used for educational niversity for the academic year of this verification.				
	,	,				
Student Signature	Date Student ID Number					
NOTARY'S CERTIFICATE OF (for those unable to appear	ACKNOWLEDGEMENT in person in the KWU Student Fir	nancial Planning Office)				
State of	, City/Co	unty of				
On this date of	, City/County of, before me (notary's name),					
instrument. WITNESS my hand and offic		e above-named person who signed the foregoing				
		My commission expires on:				
Notary Public's Signature		 Date				
Notary Public 3 Signature		Date				
KWU SFA ONLY: Government ID accepted Attach photocopy	oy of student's government Issued ID.	Date:				
○ Entered on FAA Access-	On-Line on Date	by Initials Attach FAA Access On Line print-				