

2018-2019 Dependent Student Verification Worksheet

Your 2018-2019 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law requires that before awarding Federal Student Aid, we confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents and submit to the Financial Aid Office within 30 days of this request. We may ask for additional information. If you have questions about verification, contact the Financial Aid Office as soon as possible so that your financial aid will not be delayed. Your financial aid eligibility cannot be determined, and financial aid will not be awarded or disbursed, until the verification process is complete.

A. Student's Information

Student's Last Name	Student's First Name	Student's M.I.	Student's Social Security Number
Student's Street Address (include apt. no.)			Student's Date of Birth
City	State	Zip Code	Student's Phone Number

B. Parents' Family Information

List below the people in the parents' household. Include:

- **The student.**
- **The parents** (including a stepparent) even if the student doesn't live with the parents.
- **The parents' other children** if the parents will provide more than half of their support from July 1, 2018 through June 30, 2019, or if the other children would be required to provide parental information if they were completing a FAFSA for 2018-19. Include children who meet either of these standards even if the children do not live with the parents.
- **Other people** if they now live with the parents and the parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2019.

For any household member, excluding the parents, who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2018, and June 30, 2019, include the name of the college.

If more space is needed, attach a separate page with the student's name and Social Security Number at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
<i>Missy Jones (example)</i>	<i>18</i>	<i>Sister</i>	<i>Central University</i>	<i>Yes</i>
		<i>Self</i>		

Student's Name: _____ **SSN:** _____

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

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

Student's Signature

Date

Parent's Signature

Date

*Submit to the Madonna University Financial Aid Office, 36600 Schoolcraft Rd., Livonia, MI 48150
Fax: 734.432.5344 Telephone: 734.432.5663*