



2018-2019

# Dependent Student Verification Worksheet

## A. Student Information

_____	_____	_____	_____
First Name	MI	Last Name	Social Security Number OR Student ID
_____			_____/_____/_____
Current Address (Include apt. #)			Date of Birth
_____	_____	_____	(_____)_____-_____
City	State	ZIP Code	Telephone Number

## B. Family Information

**IMPORTANT!** Please carefully read numbers 1-5 below to ensure you properly complete the Family Information Box at the bottom of this page.

1. Student – **Write your name and age on the first line.**
2. **List the names and ages of your parents/step-parents.** If parents are divorced/separated, only supply the name(s) of the parent information used on the FAFSA. If parent is remarried, include step-parent information if they were married at the time the FAFSA was completed. If your legal parents are not married to each other and live together, include them on this form.
3. **List other children/step-children** if your parents provide more than 50% of their support from July 1, 2018 through June 30, 2019 **OR** if the child would be required to provide parental information when applying for federal student aid in the Family Information Box below. **Do not include foster children.**
4. **List other people** (grandparent, grandchild, cousin, etc.) only if they now live with your parents and your parents provide more than 50% of their support and will continue to provide the support from July 1, 2018 to June 30, 2019.
5. Write the name of the college/university for any degree-seeking sibling listed in Section B that will be enrolled **at least half time** between July 1, 2018 and June 30, 2019. **If your sibling is in high school and taking college courses, or if your parent is attending college, do NOT write in the name of their college.**

↓ **Family Information Box** – If you need more space, attach a separate page.

Full Name	Age	Relationship to Student	Name of College
1.		SELF	Mayville State University
2.			
3.			
4.			
5.			
6.			
7.			

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_

### C. 2016 Earned Income Information

Please check (✓) the box if you had zero income: Student  Father  Mother

If a box was checked above for Father and/or Mother, attach a written statement explaining the means of 2016 financial support for the people listed in your parent(s) household.

If you and/or your parent(s) earned income by working in 2016 but did not file a tax return and were not required to file a tax return, list all of your and/or your parent(s) 2016 employers and the amount earned at each job and attach W-2(s).

Name of Employer/Source of Income	Student Amount	Father Amount	Mother Amount
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

### D. Additional Financial Information

1. Did you or your parent(s) pay out child support in 2016?  Yes  No  
Do not include support paid for children listed in section B on the front of this worksheet.

If yes, who paid the child support?  Student  Parent(s)

What was the total amount of child support paid in 2016? \$ \_\_\_\_\_

Name of the person to whom child support was paid: \_\_\_\_\_

Name of the child/children for whom the child support was paid: \_\_\_\_\_

2. Did you earn Federal Work-Study funds in 2016?  Yes  No

If yes, total amount earned in 2016? \$ \_\_\_\_\_ At what College/University? \_\_\_\_\_

You must attach a copy of your W-2(s) for these earnings.

3. Did you or anyone in your parent(s) household receive food stamps (SNAP) in 2016 or 2017?  Yes  No

If yes, who received this benefit?  Student  Parent(s)  Other \_\_\_\_\_

For which year(s)?  2016  2017

You must attach a copy of the benefit card or eligibility letter from the agency that issues the Food Stamps benefit.

### E. Sign this Worksheet

The information provided on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in a fine of up to \$20,000, imprisonment, or both.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

- ✓ Is this worksheet completely filled out?
- ✓ Did you remember to include all requested documentation?
- ✓ Did you provide copies that we can keep?

Form can be mailed, emailed, faxed, or dropped off using the information below.

Mailing address: Mayville State University • Financial Aid Office • 330 Third Street NE • Mayville, ND 58257  
Phone: 1.800.437.4104 ext. 34893 or 701.788.4893 • E-mail: [heather.johnson.4@mayvillestate.edu](mailto:heather.johnson.4@mayvillestate.edu)