



2016-2017

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, 2016 through June 30, 2017 **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, 2016 to June 30, 2017.
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, 2016 and June 30, 2017. **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. | | | |

C. 2015 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 2015 financial support for the people listed in your parent(s) household.

If you and/or your parent(s) earned income by working in 2015 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) 2015 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 2015? ☐ 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 2015? \$

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 2015? ☐ Yes ☐ No

If yes, total amount earned in 2015? \$ 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 2014 or 2015? ☐ Yes ☐ No

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

For which year(s)? ☐ 2014 ☐ 2015

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: Susan.cordahl@mayvillestate.edu

Revised: 3/2016