

# 2017-2018 Institutional Verification Document / Data Sheet Dependent Student

Your 2017-2018 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to 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 institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and a parent whose information was reported on the FAFSA must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

## A. Dependent Student's Information

Student's Last Name	First Name	M.I.	Student's Identification (ID) Number	Student's Date of Birth
Student's Street Address (include apt. no.)			City	State
Student's Email Address	( ) Student's Home Phone #	( )	Student's Alternate or Cell Phone #	Zip Code
				Expected Graduation Date

1. Provide the following information for Fall and Spring by **checking one line in each column:**

Living Arrangements	Fall	Spring
Not with Parent/Relative		
With Parent/Relative		

Enrollment Status:	Fall	Spring
Full Time (12 hours or more)		
Three-quarter time (9-11 hours)		
Half Time (6-8 hours)		
Less than half-time (5 or less)		

2. Marital Status:   \_\_\_ Single   \_\_\_ Married   \_\_\_ Separated   \_\_\_ Divorced

3. List all educational institutions you have attended since high school:

Institution (Name and Location)	Dates Attended	Degrees Received

4. **Veterans Benefits:** I will \_\_\_ I will not \_\_\_ receive benefits through the Veterans Administration or any other military program. If you will receive funds, provide Chapter/ Number/ Title. \_\_\_\_\_

5. **Other Aid Sources:**

Will you be receiving scholarships or other sources of aid from private or local agencies? \_\_\_\_\_  
 If Yes, list source and amount. \_\_\_\_\_

6. Due to privacy requirements, **please create a password for your financial aid account.** \_\_\_\_\_ Please keep this password private. (Your password will be necessary when inquiring about your financial aid account.)

Internal Use Only \_\_\_\_\_

7. Due to FERPA (privacy) guidelines, Financial Aid can only respond with specific financial aid account information to newriver.edu e-mail accounts. Documents received by e-mail can only be downloaded for print when sent from a newriver.edu e-mail account.  
**Please check here to acknowledge that you understand this FERPA e-mail guideline.**

## B. Dependent Student's Family Information

List below the people in your parent(s)' household. Include:

- Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2017, through June 30, 2018, or if the other children would be required to provide parental information if they were completing a FAFSA for 2017-2018. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2018.

Include the name of the college for any household member, excluding your parent(s), who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2017, and June 30, 2018. 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
Missy Jones (example)	18	Sister	Central University	Yes
		Self		

## C. SNAP Information

Did any of the persons listed in Section B of this worksheet received SNAP benefits in 2015 or 2016. \_\_\_ Yes, \_\_\_ No

## D. Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose and  
(Print Student's Name)

that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending New River Community and Technical College for 2017-2018.

## E. Statement of Financial and Eligibility / Adjustments

I understand that I may lose or be required to repay funds I have been awarded or already received. If additional grants, scholarships, loans, etc., are awarded to me by any agency. I realize it is my responsibility to inform the Financial Aid Office of any aid I receive that is not awarded to me by the Financial Aid or Admissions Office at New River Community and Technical College.

## Certifications and Signatures

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.**