2023–2024 Verification Worksheet Independent Student, Skidmore College

To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA/PROFILE with the information on this worksheet and with any other required documents. If there are differences, your FAFSA may need to be corrected. You and at least one parent must complete **ALL SECTIONS** and sign this worksheet, attach any required documents, and submit the form and other required documents to the Financial Aid Office.

| A. <u>S</u> | <u> FUDENT'S INFORMAT</u> | <u>ION</u> | | | |
|-------------|--|--|----------------------------|---|--|
| Last Nai | me First Name | M.I. | | Skidmore College Student I | D Number (nine digits) |
| Student' | 's Date of Birth | | | Student's Phone Number | |
| | Other people only if they from July 1, 2023 through Provide college | narried) provide more live with you h June 30, 202 information | and you provide n 24 | upport from July 1, 2023 through Jun nore than half of their support and wi s attending at least half-time during ificate below. | ll continue to do so |
| | <u>ALL</u> Household Members Full Name | Date of birth | Relationship to Student | List College Name (Only if attending in 2023-24) | Will be Enrolled at Least Half Time |
| | | | Self | Skidmore College | (Y,N) Y |
| | | | | | |
| C. <u>S</u> | FUDENT'S/SPOUSE'S AD | DITIONAL | INFORMATIC | N REQUIRED | |
| F | /we Filed (or Will File) a 2021 For student/spouse tax filers: if the igned copy of the student/spouse | ne FAFSA IR | S data transfer tool | Circle One: <u>Yes</u> was not used, a | or <u>No</u> |
| F | Attach <u>all</u> IRS W-2s (wage state For student/spouse not providing the schedule. | | | 21: om Schedule 1 or Schedule K-1, plea | ase provide a copy of |
| 3. (| Child Support PAID in 2021 by | student (and/o | or current spouse) i | n household \$ | |
| N | Name of person to whom suppor | t was paid: | | | |
| 4. (| Child Support RECEIVED in 20 | 021 \$ | | | |

5. Complete the following:

6.

| Amount in 2021, if any | |
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| y any household member listed i | n Section B. |
| amilies WIC | |
| | |
| | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |

D.

WARNING: If you purposely give false or misleading information Each person signing this worksheet certifies that all of the on this worksheet, you may be fined, be sentenced to jail, or both. information reported on it is complete and correct. Student's Signature Date Spouse's Signature Date

Return signed, dated and completed form to the Financial Aid Office. Upload your documents to our secure drop box https://www.skidmore.edu/financialaid/BoxDocuments.php