



# FRIENDS UNIVERSITY

Office of Financial Aid

## Financial Aid Verification Worksheet 2023-2024

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Student's Last Name	First Name	Student ID
	@student.friends.edu	(    )
E-mail Address (Friends Financial Aid will only respond to your student email)		Phone Number

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected for a review process called verification. Complete the questions on this form and return the form to the Office of Financial Aid by fax at 316-295-5703 or mail. We will compare your answers to the FAFSA and make any necessary corrections. By law we have the right to ask for this information before awarding federal financial aid. No further processing will be completed until the requested documentation is received. *Please check your student email for correspondence from our office.*

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### FAMILY INFORMATION:

<p><b>Dependent Students:</b> List the people in your parents' household. Include:</p> <ul style="list-style-type: none"> <li>• Yourself and your parent(s) (including stepparent) even if you don't live with your parents, and</li> <li>• Your parents' other children if the parents will provide more than half of the children's support from 7/1/2023 through 6/30/2024 or if the children would be required to provide parental information if they were completing a FAFSA for 2023-2024, even if the child does not live with parents.</li> <li>• Other people if they now live with the parents and the parents provide more than half of the support through 6/30/2024.</li> <li>• Number in College: Include in the space below information about any household member who is, or will be, enrolled <b>at least half-time</b> in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2023 and June 30, 2024, include the name of the college.</li> </ul>	<p><b>Independent Students:</b> List the people in your household. Include:</p> <ul style="list-style-type: none"> <li>• Yourself</li> <li>• Your spouse if you have one</li> <li>• Your children or your spouse's children if you or your spouse will provide more than half of the child's support from 7/1/2023 through 6/30/2024, even if a child does not live with the student</li> <li>• Other people if they now live with you and you or your spouse provide more than half of that persons support through 6/30/2024.</li> <li>• Number in College: Include in the space below information about any household member who is, or will be, enrolled <b>at least half-time</b> in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2023 and June 30, 2024, include the name of the college.</li> </ul>
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Full Name	Age	Relationship to Student	College Attending
		<i>Self</i>	<i>Friends University</i>

By signing this document, I/we certify that all the information reported is complete and accurate.

Student's Signature	Date	Parent Signature (Required)/Spouse Signature (Optional)	Date
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*Typed signatures **cannot** be accepted.*

If you purposely give false or misleading information, you may be fined \$20,000, sentenced to jail or both.