FINANCIAL AID OFFICE

2004 WORKSHEET C VERIFICATION

Student's Name: _____ SSN: _____

Last First Middle

You and/or your parents (if dependent) listed an amount under **Worksheet C** on your 2005-06 FAFSA. Please complete this form and return it to the Financial Aid Office.

☐	• Did you the student (or spouse, if married) pay child support in 2004?	YES	NO
	If YES, how much did you pay between January 1, 2004 and December 31, 2004?	$ _____	
☐	Did your parent (if dependent) pay child support in 2004?	YES	NO
	If YES, how much did your parent pay between January 1, 2004 and December 1, 2004?	$ _____	
☐	• Did you the student (and spouse, if married) file a 2004 Federal Income Tax Return?	YES	NO
	If YES, please bring a copy to the Financial Aid Office.		
☐	Did your parents (if dependent) file a 2004 Federal Income Tax Return?	YES	NO
	If YES, please bring a copy to the Financial Aid Office.		
☐	• Did you the student (or spouse, if married) work on campus as a Federal Work Study student in 2004?	YES	NO
	If YES, please bring in a copy of your 2004 W-2 form to the Financial Aid Office.		
☐	Did your parents (if dependent) work on campus as a Federal Work Study student in 2004?	YES	NO
	If YES, please bring a copy of their 2004 W-2 form to the Financial Aid Office.		
☐	• Did you and/or your parent(s) claim an education credit on their 2004 Federal Income Tax Return?	YES	NO
	If YES, please bring a copy of the tax return to the Financial Aid Office.		

If you answered NO to all questions, your and/or your parents (if dependent) Worksheet C amount reported on your 2005-06 FAFSA will be changed to "0". If you answered YES to any question, your Worksheet C amount will be verified and corrected, if necessary, from the figures obtained from your 2004 Federal Tax Return(s) and/or 2004 W-2(s).

CERTIFICATION: I/We certify that all information reported on this form is true, complete and accurate to the best of my knowledge. I agree to provide proof of the information that I have reported on this form. False statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

_____ _____

Student's signature Date Parent's signature (if dependent) Date