

KIRTLAND COMMUNITY COLLEGE

Dependent 11-12 pg 1

Office of Financial Aid
10775 N. St Helen Rd.
Roscommon, MI 48653

Phone: 989-275-5000 ext 257
http://www.kirtland.edu/financialaid/
Federal school code: 007171

Fax: 989-275-6789

2011-2012 DEPENDENT VERIFICATION WORKSHEET

Your application was selected for a process called "verification." In this process the school must compare your 2010 financial documents (including but not limited to: 2010 Federal tax forms, W-2s or other financial documents) with the information provided on your application. The law says the school has the right to ask you for this information before awarding federal aid (CFR Title 34, Part 668). If there are differences between your application information and your financial documents, you or the school may need to make corrections.

Please complete the verification process as soon as possible to avoid delays in your financial aid award notification.

What you should do:

1. Collect your and your parent(s)' financial documents; signed Federal 1040 income tax forms, etc.
2. Fill in and sign the worksheet.
3. Submit the completed worksheet, tax forms, and any other documents requested to the financial aid office.
4. Talk to your financial aid office if you have questions about completing the worksheet.

Student's Last Name	First Name	Middle Initial	Student's Social Security Number
Address (include Apt # or PO Box)			Student's Date of Birth
City	State	Zip	E-mail address
			() - Phone Number

Family Information (Dependent student):

1. List yourself and your parent(s) – including a stepparent – even if you do not live with your parent(s).
2. List your parent(s)' other children, even if they do not live with your parent(s), if your parent(s) will provide more than half of their support from July 1, 2011 through June 30, 2012.
3. List other people currently living with your parent(s) whom your parent(s) provide and will continue to provide more than half of their support from July 1, 2011 through June 30, 2012.

Write the names of all household members. Also write the name of the college for any household member **who will be attending at least half-time** between July 1, 2011 and June 30, 2012 and are enrolled in a degree, diploma or certificate program. If you need more space attach a separate page.

Name	Age	Relationship to student	College Name
		SELF	

In 2009 or 2010, did you, your parent(s) or anyone in your parent(s)' household (listed above) receive benefits from any of the federal programs listed? (Mark all the programs that apply.)

- | | | | | |
|---------------------------------------|-------------------------------|----------------------------------|---|---|
| Supplemental <input type="checkbox"/> | Food <input type="checkbox"/> | Free or <input type="checkbox"/> | Temporary Assistance <input type="checkbox"/> | Special Supplemental <input type="checkbox"/> |
| Security | Stamps | Reduced | for Needy Families | Nutrition Program for Women, |
| Income | | Price lunch | (TANF) | Infants and children (WIC) |

