

2015-2016 Verification Worksheet

Independent

Your application was selected for review in a process called "Verification." In this process, your school will be comparing information from your application with the information that you provide on this worksheet. The law says we have the right to ask you for this information before awarding Federal aid. If there are differences between your application information and this worksheet our office will make corrections to your FAFSA on your behalf.

Complete this verification form and submit it to your financial aid administrator as soon as possible, so that your financial aid won't be delayed. Your financial aid administrator will help you.

What You Need to Do Now:

1. Talk to your financial aid administrator if you have questions about completing this worksheet.
2. Complete and sign the worksheet
3. Submit the completed worksheet and any other documents your school requests to your financial aid administrator.
4. Your financial aid administrator will compare information on this worksheet and any supporting documents with the information you submitted on your application. Your school may need to make corrections electronically or by using your SAR.

A. Student Information

_____	_____	_____	_____
Last Name	First Name	M.I.	Student ID or SSN
_____			_____
Address			Date of Birth
_____	_____	_____	_____
City	State	ZIP Code	Phone Number (Include Area Code)

B. Family Information

List the people in your household, including: Yourself, and your spouse if you have one, Your children, if you will provide more than half of their support from July 1, 2015 through June 30, 2016, even if they do not live with you, Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2015 through June 30, 2016.

Write the names of all household members in the space(s) below. Also write in the name of the college for any household member who will be attending at least half time between July 1, 2015 and June 30, 2016, and will be enrolled in a degree, diploma, or certificate program. If you need more space, you can attach a separate page.

Full Name	Age	Relationship	College
		Self	

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. Each Person signing this form certifies that all the information reported on it is complete and correct.

_____	_____
Student Signature	Date
_____	_____
Spouse Signature	Date

Non-Discrimination Notice: To provide equal employment, advancement and learning opportunities to all individuals, employment and student admission decisions at Barton will be based on merit, qualifications, and abilities. Barton County Community College does not discriminate on the basis of race, color, national origin, sex, disability, age or any characteristic protected by law in all aspects of employment and admission in its education programs or activities. Any person having inquiries concerning Barton County Community College's non-discrimination compliance policy, including the application of Equal Opportunity Employment, Titles IV, VI, VII, IX, Section 504 and the implementing regulations, is directed to contact the College's Compliance Officer, Barton County Community College, Room A-123, Great Bend, Kansas 67530 (620) 792-2701. Any person may also contact the Director, Office of Civil Rights, U.S. Department of Education, Washington, DC 20201.