

Verification Worksheet 4 2018-2019

You may mail this information to Shawnee State University, Financial Aid Office 940 Second Street, Portsmouth Ohio, 45662 or fax to 740.351.3435

Student Information					
Name	Student ID				
City State		Zip		Phone Number (include area code)	
Family Information (che	ck one)				
your children, if you will	provide more than ha and you provide more	lf of their sup e than half of	port from Jul	yourself and your spouse if y 1, 2018 through June 30, and will continue to provid	, 2019; (C) other people
stepparent) even if you do parent(s), if your parents children would be require now live with your parent half of their support from Write the Names of All If any household member enrolled in a degree or co	on't live with your pare will provide more that ed to provide parental ts, and your parents parents July 1, 2018 through Household Members will be attending coertificate program, incist time period, please	ents; (B) your n half of their information v rovide more the June 30, 201 ers: bllege at least belude the nam contact the F	parents' othe support from when applying nan half of the 9. half-time betwee of the colle	le: (A) yourself and your part children, even if they don't fully 1, 2018 through Jund't gor Federal Student Aid; (eir support and will continuate the July 1, 2018 and Junge.* If your parent(s) will office. If more space is need.	at live with your e 30, 2019 or the (C) other people if they ue to provide more than e 30, 2019, and will be be attending college at
Full Name	Age	Rela	ationship	*College	*Will be Enrolled at Least Half Time
Marty Jones (example)	28		Wife	Central University	Yes
			SELF		
Sign this Worksheet Each person signing this work least one parent must sign and may be fined, be sentenced to	l date. WARNING: If				
Student		Date	Parent		Date