

Please upload all documents using the Document Upload through your MySSU account. You may also mail your information to: Shawnee State University, Financial Aid Office, 940 Second Street, Portsmouth Ohio, 45662 or fax to 877.940.2505. **Please do not email any documents.**

Student Information

Name	Student ID		
Address (include Apt. Number)	Date of Birth		
City	State	Zip	Phone Number (include area code)

Family Information (check one)

- ☐ **Independent Students:** List the people in your household, include: (A) yourself and your spouse if you are married; (B) your children, if you will provide more than half of their support from July 1, 2026 through June 30, 2027; (C) 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, 2026 through June 30, 2027.
- ☐ **Dependent Students:** List the people in your parents' household, include: (A) yourself and your parent(s) (including stepparent) even if you don't live with your parents; (B) your parents' other children, even if they don't live with your parent(s), if your parents will provide more than half of their support from July 1, 2026 through June 30, 2027 or the children would be required to provide parental information when applying for Federal Student Aid; (C) other people if they now live with your parents, and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2026 through June 30, 2027.

List the names and ages of all household members in the space below:

If more space is needed, attach a separate page with the student's name and student ID at the top.

Full Name	Age	Relationship	*College	*Will be Enrolled at Least Half Time
Marty Jones (example)	28	Wife	Central University	Yes
		SELF		

*If any household members will be attending college at least half-time between July 1, 2026 and June 30, 2027, and will be enrolled in a degree or certificate program, include the name of the college.

Student Name: _____

Student ID: _____

Please visit the Financial Aid website’s FAFSA verification link if the student or parent has been granted a filing extension by the IRS, filed an amended IRS income tax return, or were victims of IRS identity theft. *If documentation is not submitted, verification will not be completed.*

Student and Spouse (if married) Tax and Income Information

Check the box that applies (check only one):

Tax Filers:

- ☐ The student and spouse (if married) has filed taxes and provided consent to transfer tax information from the IRS to the FAFSA. If manual tax information was entered on FAFSA, submit a signed copy of the 2024 tax return, including all schedules.

Non-tax Filers:

- ☐ The student and/or spouse was not employed and had no income earned from work in 2024. *Independent students: Please request and submit a verification of Non-Filing letter from the IRS.*
- ☐ The student and/or spouse was employed in 2024 and has listed below the names of all the student’s employers, the amount earned from each employer in 2024, and whether an IRS W-2 form is attached. *List every employer even if they did not issue an IRS W-2 form. If more space is needed, attach a separate page with the student’s name and student ID at the top.*

Employer’s Name	2024 Amount Earned	IRS W-2 Attached?
Suzy’s Auto Body Shop (example)	\$2,000.00 (example)	Yes (example)

Parent Tax and Income Information

Note: If two parents were reported in Section B of this worksheet, the instructions and certifications below refer and apply to both parents. Check the box that applies (check only one):

Tax Filers:

- ☐ The parent(s) has filed taxes and provided consent to transfer tax information from the IRS to the FAFSA. If manual tax information was entered on FAFSA, submit a signed copy of the 2024 tax return, including all schedules.

Non-tax Filers:

- ☐ The parent(s) was not employed and had no income earned from work in 2024. *Parents included on FAFSA will need to request and submit a verification of Non-Filing letter from the IRS.*
- ☐ The parent(s) was employed in 2024 and has listed below the names of all the parent’s employers, the amount earned from each employer in 2024, and whether an IRS W-2 form is attached. Attach copies of all 2024 IRS W-2 forms issued to the parent(s) by employers. *List every employer even if they did not issue an IRS W-2 form. Also, please provide a statement of non-filing from the IRS. If more space is needed, attach a separate page with the student’s name and student ID at the top.*

Employer’s Name	2024 Amount Earned	IRS W-2 Attached?
Suzy’s Auto Body Shop (example)	\$2,000.00 (example)	Yes (example)

Sign this Worksheet

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and at least one parent must sign and date. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student	Date	Parent	Date
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