

2023-24 DEPENDENT Verification (V1)

Student Financial Services 1825 N Bluemound Dr PO Box 2277 Appleton, WI 54912-2277

Signature of Student

Email: financialaid@fvtc.edu Phone: 920-735-5650 Fax: 920-735-5763 Website: www.fvtc.edu/finaid

Date

Your application was selected by the U.S. Dept. of Education for a process called verification. We must compare the information on your FAFSA with the information provided on this form. If there are differences between your FAFSA and the documents you've submitted, we will make corrections to your FAFSA or contact you for further clarification.

Student's Information				
Last Name	First I	Name	MI	FVTC Student ID Numbe
Date of Birth	Email Address			Phone Number
Parent's Household Inform	ation			
 Do not include Your parents' other child June 30, 2024, or they we Do not include Other people, if they no continue to provide mor *Support is defined as providing foo 	a parent not living dren (only if your prould be required children for whor w live with your present the detan half of the ded, medical/dental	to give parental information wour parents are paying choarents and your parents properties support from July 1, 2023 care or health insurance, car in	paration or alf of their s when appl iild support ovide more through Jur surance, mo	divorce support* from July 1, 2023 through support* from July 1, 2023 through ying for 2023-24 federal aid). and do not include foster childrenthan half of their support and will be 30, 2024. ney or other financial resources.
Full Name of Family Member Begin with yourself If you need more space, attach a separate sheet	Date of Birth	Relationship to Student Brother, sister, etc.	Full Name For you & parent) w degree co	any family member (except ho will be working toward mpletion at least half-time e 2023-24 academic year.
		Self	Fox	Valley Technical College
		Parent 1 on FAFSA		Not Applicable
		Parent 2 on FAFSA (if applicable)		Not Applicable
Certification Statement By signing this verification for		o information remarks dis-	somelst-	

Signature of Parent on FAFSA

Date