

2023-24 INDEPENDENT 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

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 Na		Name	MI	FVTC Student ID Number
Date of Birth	Email Address			Phone Number
Family Information:				
through June 30, 2024. Esupport. Do not include Other people if they now more than half of their s *Support is defined as providing foo	nildren, if you or s Even if they do no children for who I live with you, an upport from July d, medical/dental	your spouse will provide mor ot live with you, they may be om you are paying child supp nd you provide more than half 1, 2023 through June 30, 20 care or health insurance, car in	included if yo oort & do not f of their supp 24. surance, mone	oort* and will continue to provide ey 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 Self, child, son, daughter, spouse, etc.	Full Name of For you & a be working	of College (if applicable) ny family member who will toward degree completion at me during the 2023-24
		Self	·	/alley Technical College

Date