



# 2021-22 INDEPENDENT Verification (V1)

Student Financial Services  
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 PO Box 2277  
 Appleton, WI 54912-2277

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 Phone: 920-735-5650  
 Fax: 920-735-5763  
 Website: [www.fvtc.edu/financialaid](http://www.fvtc.edu/financialaid)

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 Name	MI	FVTC Student ID Number
Date of Birth	Email Address	Phone Number	

## Family Information:

Please list all members of your household, including:

- Yourself
- Your spouse, if married
- You and your spouse's children, if you or your spouse will provide more than half of their support\* from July 1, 2021 through June 30, 2022. Even if they do not live with you, they may be included if you provide more than half of their support. **Do not include children for whom you are paying child support & do not include foster children.**
- 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, 2021 through June 30, 2022.

\*Support is defined as providing food, medical/dental care or health insurance, car insurance, money or other financial resources.

**Note: You may be required to submit documentation proving you provide more than half of the support for those listed.**

Full Name of Family Member <small>Begin with yourself If you need more space, attach a separate sheet</small>	Date of Birth	Relationship to Student <small>Self, child, son, daughter, spouse, etc.</small>	Full Name of College (if applicable) <small>For you &amp; any family member who will be working toward degree completion at least half-time during the 2021-22 academic year.</small>
		Self	Fox Valley Technical College

## Certification Statement

By signing this verification form, I certify all the information reported is complete and accurate.

Signature of Student

Date

**ELECTRONIC SIGNATURES NOT ACCEPTED**