



2022-23 DEPENDENT Verification (V1)

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

Email: financialaid@fvtc.edu
 Phone: 920-735-5650
 Fax: 920-735-5763
 Website: 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 |
|---------------|---------------|--------------|

Parent's Household Information

Please list all members of your parent's household, including:

- Yourself, even if you do not live with your parent(s)
- Your parent(s)/step-parent if they are living together, even if they are not married
 - Do not include a parent not living in the household due to separation or divorce
- Your parents' other children (only if your parents provide more than half of their support* from July 1, 2022 through June 30, 2023, or they would be required to give parental information when applying for 2022-23 federal aid).
 - **Do not include children for whom your parents are paying child support and do not include foster children**
- 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, 2022 through June 30, 2023.

*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>Brother, sister, etc.</small> | Full Name of College (if applicable) <small>For you & any family member (except parent) who will be working toward degree completion at least half-time during the 2022-23 academic year.</small> |
|--|---------------|---|--|
| | | Self | Fox Valley Technical College |
| | | Parent 1 on FAFSA | Not Applicable |
| | | Parent 2 on FAFSA <small>(if applicable)</small> | Not Applicable |
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Certification Statement

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

| | | | |
|----------------------|------|------------------------------|------|
| Signature of Student | Date | Signature of Parent on FAFSA | Date |
|----------------------|------|------------------------------|------|

ELECTRONIC SIGNATURES NOT ACCEPTED