

2022-23 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 Name		MI	FVTC Student ID Number
Date of Birth	Email Address			Phone Number
Family Information:				
through June 30, 2023. support. Do not include • Other people if they nov	hildren, if you or Even if they do no children for who v live with you, an support from July od, medical/dental	your spouse will provide mo ot live with you, they may be om you are paying child sup nd you provide more than ha 1, 2022 through June 30, 20 care or health insurance, car in	e included if y port & do no If of their sup D23. nsurance, mor	port* and will continue to providence 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 Self, child, son, daughter, spouse, etc.	Full Name For you & a working to	of College (if applicable) any family member who will be ward degree completion at least luring the 2022-23 academic year.
		Self	Fo	x Valley Technical College

Date