



## 2017-2018 DEPENDENT VERIFICATION (V5) WORKSHEET

Your FAFSA was selected by the U.S. Department of Education for review in a process called "Verification." In this process Missouri S&T is required to compare information from your FAFSA with the information on this worksheet and with any other required documents. The law states we have the right to ask you for this information and review it for accuracy under the financial aid program rules (34 CFR, Part 688). **Verification must be completed before your financial aid will be credited to your student account.**

### INSTRUCTIONS

1. Complete all sections of this worksheet **in full** (A-G). **Incomplete forms will be returned.**
2. Student and parent(s) must use their 2015 Federal Income Tax for the 2017-2018 academic year
3. All documents must be submitted by the following deadlines:
  - Fall 2017 Enrollment: October 31, 2017
  - Spring 2018 Enrollment: March 1, 2018
4. Please return all documents requested to our office via fax to (573)341-4274, email to [sfa@mst.edu](mailto:sfa@mst.edu) or mail to G-1 Parker Hall, 300 W 13<sup>th</sup> St, Rolla, MO 65409-0250.

### A. Student Information

Last Name	First Name	M.I.
Daytime Phone number (include area code)	Date of Birth	Missouri S&T Student ID#

### B. Family Information

Full Name	Age		
Write the names of the people in your parent(s)' household in the chart below: 1. Include <b>yourself</b> as the student. 2. Include <b>your parent(s): Parents #1 &amp; Parent #2</b> <ul style="list-style-type: none"> <li>• <i>If your parents are divorced</i>, list the parent you lived with the most during the last 12 months. If you did not live with one parent more than the other, indicate the parent who provided more than half of your support during the last twelve months.</li> <li>• <i>If your parent is remarried</i>, include <b>step-parent</b>.</li> <li>• <i>If your parents are unmarried but live together</i></li> </ul> 3. Include your <b>parent(s)' other children</b> , if your parents provide more than half of their support between July 1, 2017 and June 30, 2018 or if the children would be required to provide parental information if they were completing a 2017-18 FAFSA. 4. Include <b>other dependents</b> , if they now live with your parent(s) and your parent(s) will continue to provide <i>more than half</i> of their support through June 30, 2018.	Write the age of each family member in the chart below. <hr/> <b>Relationship</b> Write the relationship of each family member to the student in the chart below. <hr/> <b>College</b> Add the name of the college for any household member ( <b>excluding parents</b> ) who will be enrolled in a degree, diploma, or certificate program, at an eligible postsecondary educational institution <i>at least half-time</i> any time between July 1, 2017 through June 30, 2018.		
Full Name	Age	Relationship	College
		Self/Student	Missouri S&T

\*If more space is required, attach a separate page.

### C. Student Information (all applicants)

Student Name / S&T ID #:

#### Check only one box below regarding STUDENT Information

- a.  I filed a 2015 Federal Tax Return and used the IRS DRT when completing the FAFSA.
- b.  I filed a 2015 Federal Tax Return and will provide a signed copy of my Federal Tax Return 1040 (A/EZ).
- c.  \*I was not employed, did not have income and am not required to file a 2015 Federal IRS Tax Return.
- d.  \*I was employed and had income, but am not required to file a 2015 Federal Tax Return

* COMPLETE ONLY IF <u>BOX D ABOVE IS CHECKED</u> : And provide copies of all your W2's from each employer to Missouri S&T with this form.	
Name of Employer	Amount Earned in 2015
	\$
	\$
	\$
	\$

If more space is required, attach a separate page.

### D. Parent(s)' Information

#### Check only one box below regarding PARENT Information

- a.  I filed a 2015 Federal Tax Return and used the IRS DRT when completing the FAFSA.
- b.  I filed a 2015 Federal Tax Return and will provide a signed copy of our Federal Tax Return 1040 (A/EZ).
- c.  \*I was not employed, did not have income and am not required to file a 2015 Federal IRS Tax Return.
- d.  \*I was employed and had income, but am not required to file a 2015 Federal Tax Return.

* COMPLETE ONLY IF <u>BOX D ABOVE IS CHECKED</u> : And provide copies of all your W2's from each employer to Missouri S&T with this form.		
Name of Non-Filer	Name of Employer	Amount Earned in 2015
		\$
		\$
		\$
		\$

If more space is required, attach a separate page.

### E. Manually sign this Worksheet. Forms with electronic/typed signatures will be returned.

Each person signing certifies that all the information reported is complete and correct. The student and at least one parent whose information was reported on the 2017-2018 FAFSA must sign and date this worksheet.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Daytime Phone number (include area code)

\_\_\_\_\_  
Parent Email

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

Student Name / S&T ID #: \_\_\_\_\_

**F. High School Completion Status**

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Per federal regulation, the Missouri S&T Financial Assistance Office must receive documentation of your final high school transcript, recognized equivalent, or home-school credential. Because you will provide the S&T Admissions Office with your final transcript, we will use it to satisfy the federal requirement for verification.

**G. Statement of Educational Purpose**

I certify that I, \_\_\_\_\_, am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Missouri University of Science and Technology for 2017-2018.

\_\_\_\_\_  
(Student's Signature) (Date) (Student's ID Number)

If the student is unable to appear in person, this form must be notarized and mailed with a copy of a government issued ID listed above.

**Notary's Certificate of Acknowledgement** *(Only needed if not able to appear in person)*

State of \_\_\_\_\_ City/County of \_\_\_\_\_

On \_\_\_\_\_, before me \_\_\_\_\_,  
(Date) (Notary's name)

Personally appeared, \_\_\_\_\_, and provided to me  
(Printed name of signer)

on basis of satisfactory evidence of identification \_\_\_\_\_  
(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal**

\_\_\_\_\_  
(Notary signature) (Seal)

My commission expires on \_\_\_\_\_  
(Date)

**FOR OFFICE USE ONLY: Attach photocopy of ID after verifying identity**

Document Provided: \_\_\_\_\_ Date Received: \_\_\_\_\_ Staff Signature \_\_\_\_\_