



Saint Joseph's College

Office of Financial Aid, 278 Whites Bridge Road, Standish, ME 04084-5236

www.sjcme.edu/finaidapply

Tel 800-752-1266
 207-893-6612
 Fax 207-893-6699
 Email finaid@sjcme.edu

2012-13 VERIFICATION WORKSHEET

Student Information

Name _____
 Address _____

 E-Mail _____

SS# _____
 Date of Birth _____
 Phone Number _____
 Cell Phone _____

Please complete this form for the 2012-13 academic year. This includes any course with an official course start date from June 1, 2012 through May 31, 2013. The College will be comparing this information with previously submitted documentation.

Family Information – Complete the chart below using one of the following descriptions.

 DEPENDENT STUDENT – *If you were born on or after January 1, 1989, are unmarried, are an undergraduate and are without dependents.* List all the people in your parent's household, including:

- Yourself and your parent(s) including stepparent, even if you don't live with your parent(s),
- Your parents other children, if parent(s) provides more than half their support,
- Other people if they now live in your parent's household and parent(s) will provide more than half their support from July 1, 2012 through June 30, 2013.

 INDEPENDENT STUDENT – *If you were born prior to January 1, 1989, are married, are a graduate student, have qualifying dependents, are homeless, are an orphan, are/were in foster care, legal guardianship or are/were a ward of the court.* List all the people in your household, including:

- Student and student's spouse,
- Children, if student provides more than half their support, and
- Other people if they now live in your household and student will provide more than half their support from July 1, 2012 through June 30, 2013.

NAME	AGE	RELATIONSHIP TO STUDENT	NAME OF COLLEGE IF ATTENDING (must be enrolled at least half-time in a degree or certificate program)	YEAR IN COLLEGE (e.g., Sophomore)
SJC Student's Name:		Self	Saint Joseph's College	

Please complete other side

If you have or will file a **2011 federal tax return**, please be sure that you have submitted a copy to our office.

You must fill in every question with either a zero or the correct yearly amount.

Amount received in 2011.		
PARENT	STUDENT (and Spouse)	
\$	\$	Child support received for <u>all</u> children. Don't include foster care.
\$	\$	Other untaxed income not reported , such as workers' compensation, disability, etc. Don't include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. Please describe: _____ _____
\$	\$	TOTAL

Additional Income Questions

1. Did you or anyone in your household receive Food Stamps in 2010 or 2011? Yes ____ No ____
2. Did you, your spouse (if you are married) or your parent(s) (if you are dependent) **pay** any child support in 2011? Yes ____ No ____ If yes, please provide the amount **paid** for the entire year \$_____

Employer Assistance Information

Will your employer be providing educational assistance to you for the period 6/1/12-5/31/13?

_____ No
 _____ Yes. If yes, how much? \$_____

I/We attest that the information on this worksheet is complete and correct. If student is "**dependent**" at least one parent must sign. **Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

STUDENT'S SIGNATURE _____ **DATE** _____

PARENT'S SIGNATURE _____ **DATE** _____
 (Dependent students only)