



Saint Joseph's College of Maine

Office of Financial Aid, 278 Whites Bridge Road, Standish, ME 04084-5263

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207-893-6612
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Email finaid@sjcme.edu

2009-2010 Verification Worksheet

Student Information

Name _____

SS# _____

Address _____

Date of Birth _____

Phone Number _____

E-Mail _____

Cell Phone _____

Please complete this form for the 2009-2010 academic year. This includes any course with an official course start date from June 1, 2009 through May 31, 2010. The College will be comparing this information with previously submitted documentation.

Family Information

_____ **DEPENDENT STUDENT – If you were born after January 1, 1986, 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, 2009 through June 30, 2010.

_____ **INDEPENDENT STUDENT – If you were born prior to January 1, 1986, are married, are a graduate student, or have qualifying dependents:** 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, 2009 through June 30, 2010.

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
SJC Student's Name:		Self	Saint Joseph's College	

Please see other side

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If you have or will file a 2008 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 2008.		
PARENT	STUDENT (and Spouse)	
\$	\$	Child support received for <u>all</u> children. Don't include foster care.
\$	\$	<p>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.</p> <p>Please describe: _____</p> <p>_____</p>
\$	\$	TOTAL

Employer Information

Will your employer be providing educational assistance to you for the period 6/1/09-5/31/10?

_____ 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)

Return this form to the Office of Financial Aid.