Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected by the Department of Education for a review in a process called verification. Before we can determine your eligibility, we are asking you to confirm the information you reported on your FAFSA. To ensure the information is correct, we will compare your FAFSA with the information on this worksheet, and with any other required documents. If there are differences, your FAFSA information may need to be corrected.

1. <u>YOU AND YOUR PARENT(S) MUST REVIEW THIS ENTIRE WORKSHEET</u> AND ACCURATELY COMPLETE AND <u>SIGN</u> THIS WORKSHEET.
2. SUBMIT THE COMPLETED WORKSHEET, IRS TAX RETURN TRANSCRIPTS (IF REQUESTED), AND OTHER DOCUMENTS TO THE VHCC FINANCIAL AID OFFICE, PO BOX 828, ABINGDON, VA 24212

A. Dependent Student's Information:

_____   _____   _____-_____-_____
Student's Last Name   Student's First Name   Student's M.I.   Student's ID   Student's SSN

_____   _____/_____/_____   (_____)_____-_____
Student's Street Address (include apt. no.)   Student's Date of Birth   Student's Phone

_____   _____@email.vccs.edu
City   State   Zip Code   Student's Email Address

B. Dependent Student's Family Information:

List below the names and ages of ALL members of your PARENT'S household that meet the definition here:

- Yourself and your parent(s) (including a stepparent) even if you do not live with your parent(s).
- Your parent(s)' other children *if your parent(s) will provide more than half of their support from July 1, 2024, through June 30, 2025, or if the other children would be required to provide parental information if they were completing a FAFSA for 2023-2024. Include children who meet either of these standards, even if they do not live with your parent(s).*
- Other people if they now live with your parent(s) *and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2025.*

Full name of member in household	Age	Relationship to student **If "other" is checked, relationship must be indicated.**	Will household member attend college at least half-time (6 semester credits/term) in a degree/certificate program between 7/01/24 and 6/30/25? If yes, list name of college.
		Self	Virginia Highlands Community College
		❏ parent ❏ stepparent	Parents/Stepparents do not complete.
		❏ parent ❏ stepparent	Parents/Stepparents do not complete.
		❏ sibling ❏ other: _____	❏ No ❏ Yes Name of college: _____
		❏ sibling ❏ other: _____	❏ No ❏ Yes Name of college: _____
		❏ sibling ❏ other: _____	❏ No ❏ Yes Name of college: _____
		❏ sibling ❏ other: _____	❏ No ❏ Yes Name of college: _____
		❏ sibling ❏ other: _____	❏ No ❏ Yes Name of college: _____

C. Certification and Signature:
Each person signing this worksheet certifies that all the information reported on this worksheet is complete and correct. The student and one parent must sign and date this section.

> *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

Submit this worksheet to the Financial Aid Office. You should make a copy of this worksheet for your records.
For questions regarding any part of this worksheet please contact the Financial Aid Office at (276)-739-2411.
If additional space is needed, please attach another sheet with student's name, SSN, and ID.