

Your 2026-2027 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. YOU MUST REVIEW THIS ENTIRE WORKSHEET AND ACCURATELY COMPLETE AND SIGN 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. Independent Student's Information:

Last Name	First Name	M.I.	EMPLID	SSN
Street Address (include apt. no.)			Date of Birth	Phone
City	State	Zip Code	Email Address _____@email.vccs.edu	

B. Independent Student's Family Information:

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

- Yourself.
- Your spouse, if you are married.
- Your children, *if you will provide more than half of their support from July 1, 2026, through June 30, 2027, or if the other children would be required to provide parental information if they were completing a FAFSA for 2026-2027. Include children who meet either of these standards, even if they do not live with you.*
- Other people if they now live with you *and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2026.*

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 7/01/26 and 6/30/27? If yes, list name of college.
		Self	Virginia Highlands Community College
		Spouse, if married	☐ No ☐ Yes Name of college: _____
		☐ child ☐ other: _____	☐ No ☐ Yes Name of college: _____
		☐ child ☐ other: _____	☐ No ☐ Yes Name of college: _____
		☐ child ☐ other: _____	☐ No ☐ Yes Name of college: _____
		☐ child ☐ other: _____	☐ No ☐ Yes Name of college: _____
		☐ child ☐ 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's signature is required.

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

**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.**