

## Financial Aid Office

800 West Main Street Whitewater, WI 53190 www.uww.edu/financialaid p 262-472-1130 f 262-472-5655 uwwfao@uww.edu

## **2021-2022 VERIFICATION WORKSHEET - DEPENDENT STUDENT**

Student Name:		Student ID#:				
Last		First		MI		_
Home Address:					Phone:	
Street		City	State	ZIP Code		
Your application has been selected for family members in your household and to list the members of your parent's had	I the number a	ttending college	you reported	d on the FAF	SA are accurate. <b>Use the tables belc</b>	)W
<u>List yourself</u>		DATE OF BIRTIN		, , ,	0011505	
FULL NAME		DATE OF BIRTH	(mm-dd	-уууу)	COLLEGE	
					UW-Whitewater	
<ul> <li>If your parents are <u>divorced</u>, you lived with both parents ed</li> <li>If your divorced parent is <u>remainded</u></li> <li>FULL NAME</li> </ul>	qually, list the p	parent who provid	ded more fin	ancial suppo	h more during the past 12 months. ort during the past 12 months.  RELATIONSHIP TO STUDENT	If
FOLL NAIVIE		DATE OF BIRTH	(mm-uu	-уууу)	RELATIONSHIP TO STODENT	
<ul> <li>completing a 2021-2022 FAFSA.</li> <li>Other people if they now live with provide more than half of their support of their su</li></ul>	your parents	and your parent:	s provide mo June 30, 202	ore than hal 22.	f of their support and will continue	to
If any of these individuals will attend college at		·			ne 30, 2022, write the college name COLLEGE	<u>.                                    </u>
FULL NAME	DATE OF E (mm-dd-)		STUDENT		if attending at least half time in 21-2	22
	(mm aa )	77777	31002111			
List other household members as descri- you may write on the back of this form.  By signing this worksheet, we certify the misleading information on this workshed documentation if we have reason to be	at all the infor eet, you may b	mation reported e fined, sentence	on it is comp d to jail, or b	olete and cor	rect. If you purposely give false or We may request additional	ce,
Student Signature				Date		
Parent Signature <i>At least one parent must sign</i>				Date		