

SCHOOLCRAFT COLLEGE

Office of Financial Aid McDowell Center—MC260 734-462-4433

INDEPENDENT Verification Worksheet 2009 - 2010

Your financial aid application was selected for review in a process called "**verification**." In this process we will be comparing information from your aid application to copies of your (and your spouse's if you are married) 2008 Federal tax forms. Under the Federal financial aid program rules (CFR Title 34, Part 668), the college has the right and obligation to ask you for this information before we can award you financial aid.

If there are differences between your application and your financial documents, we may need to make corrections to your Student Aid Report. In most cases we can do this electronically. We cannot process your financial aid application without the requested documents.

What you need to do:

1. Complete this worksheet.
2. Attach **copies** of your **SIGNED 2008 Federal tax forms (including Schedules C, E, and F, if applicable), W-2s**, and all other appropriate financial documents and if married, your spouse's information. Call the IRS at 1-800-829-1040 to request a tax transcript or W-2 summary if you do not have a copy. If you and your spouse filed separately, we will need a copy of each spouse's returns.
3. If student or spouse paid child support, please provide documentation.
4. Submit the completed worksheet and documents to the Office of Financial Aid. You may fax the information to 734-462-4527. Call the Office of Financial Aid if you have questions regarding this process.

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STUDENT INFORMATION

| | | | |
|--|------------|----------------|------------------------------|
| Last Name | First Name | Middle Initial | Soc. Security # / Student ID |
| Address (include apartment or unit number) | | | Date of Birth |
| City | State | Zip | Phone Number |

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FAMILY INFORMATION

Complete the table below including yourself (and your spouse if married). Also include your dependents who receive and will continue to receive more than half of their support from you (or your spouse if married) from 7/1/09 – 6/30/10. If any of the dependents will be enrolled in college at least half time and pursuing a degree, diploma or certificate indicate the name of their college. If they attend Schoolcraft College, please also include their student ID number.

| Full Name | Age | Relationship | College of attendance 7/1/09 – 6/30/10 |
|-----------|-----|--------------|--|
| | | Self | Schoolcraft College |
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If you need more space, attach a separate page.

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