

**MORNINGSIDE COLLEGE OFFICE OF STUDENT FINANCIAL PLANNING  
2011-2012 VERIFICATION WORKSHEET**

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
           Street/P.O. Box \_\_\_\_\_  
           City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

**STUDENT'S HOUSEHOLD SIZE AND NUMBER IN COLLEGE**

List the people in your household, including:

- Yourself and your spouse if you have one, and
- Your children, if you will provide more than half of their support from July 1, 2011 through June 30, 2012, even if they do not live with you, and;
- Other people if they now live with and you provide more than half of their support and will continue to provide more than half their support from July 1, 2011 through June 30, 2012.

Write the names of all household members in the space(s) below. Also write the name of the college for any household member, excluding you parent(s), who will be attending college between July 1, 2011 and June 30, 2012, and will be enrolled in a degree, diploma, or certification program and indicate their **enrollment status**: **FT** (12 or more credit hours per semester); **HT** (6-11 credit hours per semester); **LH** (less than 6 credit hours per semester). If you need more space, attach a separate page.

Name All Household Members	Date of Birth (MM/DD/YY)	Relationship To Student	Name of College If Attending in 2011-2012	Enrollment Status (FT, HT, LH)
Example: Missy Jones	06/02/91	Spouse	Morningside College	FT
		Self		

**PRIVATE SCHOLARSHIPS AND OTHER OUTSIDE FINANCIAL ASSISTANCE**

Please complete the following information if you received (non-Morningside) scholarships and/or other assistance such as Employer Reimbursement, College Savings Plans, Vocational Rehabilitation, Promise Jobs, Military, etc. awarded for 2010-2011. Also complete this information if you expect to receive scholarships and/or other outside financial assistance to be used in 2011-2012.

2010-2011		2011-2012	
Amount Received	Source of Scholarship/Other FA	Amount Expected to Receive	Source of Schol./Other FA
\$		\$	
\$		\$	
\$		\$	
\$		\$	

**Please complete the front and back, sign and return.**

**Please return all information to: Student Financial Planning, Morningside College  
1501 Morningside Ave., Sioux City, IA 51106**

**Or Fax documents to: 1-712-274-5605      If you have questions call 1-800-831-0806 ext. 5159**