2015-2016 Verification Worksheet  
Dependent Student

Your 2015-2016 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information, the financial aid office at John A. Logan College 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. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the John A. Logan College Financial Aid Office. John A. Logan College may ask for additional information. If you have questions about verification, contact the Financial Aid Office at John A. Logan College as soon as possible so that your financial aid will not be delayed.

A. Dependent Student's Information

Student’s Last Name  
Student’s First Name  
Student’s M.I.  
Student’s SSN or ID Number

Student’s Street Address (include apt. no.)  
Student’s Date of Birth

City  
State  
Zip Code  
Student’s Email Address

Student’s Home Phone Number (include area code)  
Student’s Alternate or Cell Phone Number

B. Dependent Student's Family Information

List below the people in your parent(s)’ household. Include:
- Yourself and your parent(s) (including a stepparent) even if you don’t 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, 2015, through June 30, 2016, or if the other children would be required to provide parental information if they were completing a FAFSA for 2015-2016. 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, 2016.

Include the name of the college for any household member, excluding your parent(s), who will be enrolled at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2015, and June 30, 2016. If more space is needed, attach a separate page with the student’s name and Social Security Number at the top.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College</th>
<th>Will be Enrolled at Least Half Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missy Jones (example)</td>
<td>18</td>
<td>Sister</td>
<td>Central University</td>
<td>Yes</td>
</tr>
</tbody>
</table>

C. Certification and Signature

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent must sign and date.

Student’s Signature  
Date

Parent’s Signature  
Date

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.