



Southeastern Illinois College Financial Aid Office 3575 College Rd. Harrisburg, IL 62946

Phone: (618) 252-5400 Fax: (618) 252-3062

Email: fao@sic.edu

2023-2024 Aggregate Verification Dependent

Your application was selected for review in a process called 'Verification'. In this process, the Financial Aid Office will be comparing information from your FAFSA with your and your parents' signed 2021 IRS Tax Transcripts. The law authorizes us to ask you for this information before awarding federal aid. If there are differences between your application information and your financial documents, the Financial Aid Office may send corrections electronically to have your information reprocessed. Complete verification as soon as possible so your financial aid will not be delayed.

WHAT YOU WILL NEED: SIGNED 2021 Parents' IRS Tax Transcript (unless DRT is successfully used) and any accompanying W2's and/or Schedules SIGNED 2021 Student's IRS Tax Transcript (unless DRT is successfully used) and any accompanying W2's and/or Schedules 2023-2024 Dependent Verification Worksheet (Must be signed by both student and parent). Proof of Illinois residency for parent if applicable. **Section A- Student Information** M.I Student ID Number Last Name First Name Date of Birth Address Phone Number City Zip Code State

Section B- Family Information

List the people that your parents will support between July 1, 2023 and June 30, 2024. <u>Include yourself, your parent(s), your siblings, and others who live with your parent(s) and for whom your parent(s) provide more than half of their support.</u> Also, write the name of the college for anyone listed, *except your parent(s)*, who will be attending at least half-time between July 1, 2023 and June 30, 2024, and will be enrolled in a degree or certificate program. Use a separate page if needed.

Full Name	Age	Relationship	College
		Self	

Section C- Student's Income Information			
Did you file a 2021 Federal Tax Return? YES NO If IRS Data	a Retrieval Tool was unsuccessful, attach IRS Tax Transcript		
If no, did you receive a W-2 from any employer for 2021?	If yes, attach W2's.		
$\hfill \Box$ Check here if you will not file and are not required to file a 2021 U.S. Income	Tax Return.		
Check here if self-employed			
Income earned from work: Use the W-2 or other earnings staten	nents (NON TAX FILERS ONLY)		
Employer	Amount		
	\$		
	\$		
Section D- Parents' Income Information			
Did your parent(s) file a 2021 Federal Tax Return? YES NO If IRS I	Data Retrieval Tool was unsuccessful, attach IRS Tax Transcript		
If no, did parent(s) receive a W-2 from any employer for 2021?	NO If yes, attach W2's.		
$\hfill \Box$ Check here if you will not file and are not required to file a 2021 U.S. Income	Tax Return.		
☐ Check here if parent(s) self-employed. ☐ Father/Step-father ☐ Mo	other/Step-mother		
Income earned from work: Use the W-2 or other earnings staten	nents (NON TAX FILERS ONLY)		
Employer	Amount		
	\$		
	\$		
Section E- Statement of Educational Purpose			
The student must appear in person at Southeastern Illinois College to verify his or issued photo identification (ID), such as, but not limited to, a driver's license, other maintain a copy of the student's photo ID that is annotated with the date it was recauthorized to collect the student's ID.	er state-issued ID, or passport. The institution will		
If the student is not submitting this paperwork to the Financial Aid Office in person presence of a Notary Public.	on, this section must be completed and signed in the		
In addition, the student must sign, in the presence of the institutional official or No	otary Public, the following:		
Statement of Educational P	urpose		
(student's name) that the federal student financial assistance I may receive will only be used for edu Southeastern Illinois College for 2023-2024.	icational purposes and to pay the cost of attending		

Financial Aid Officer Name Printed		Financial Aid Officer Title
Financial Aid Officer Signature		Date
To be completed by a Notary Public	if submitting by mail:	
	Notary's Certificate of	Acknowledgement
State of		
City/County of		·····
On	, before me,	Notary's name
personally appeared, _	Daine J	, and provided to me
to be the	e above-named person who s WITNESS my hand	nature
	Seal	
Section F – Signatures Rec	quired	
By signing this worksheet, we certify the	nat all the information reported	to qualify for Federal Student Aid is complete and cor
Student	Date	WARNING: If you purposely give false or misleading information on this worksheet, y may be fined, be sentenced to jail, or both.
Parent	Date	

To be completed by Financial Aid Officer is submitting in person: