

Southeastern Illinois College Financial Aid Office 3575 College Rd. Harrisburg, IL 62946 Phone: (618) 252-5400 Fax: (618) 252-3062 Email: <u>fao@sic.edu</u> 2024-2025 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 2022 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 2022 Parents' IRS Tax Transcript (unless DRT is successfully used) and any accompanying W2's and/or Schedules

SIGNED 2022 Student's IRS Tax Transcript (unless DRT is successfully used) and any accompanying W2's and/or Schedules

2024-2025 Dependent Verification Worksheet (Must be signed by both student and parent).

Proof of Illinois residency for parent if applicable.

Section A- Student Information

Last Name	First Name	M.I	Student ID Number	
Address			Date of Birth	
City	State	Zip Code	Phone Number	

Section B- Family Information

List the people that your parents will support between July 1, 2024 and June 30, 2025. <u>Include yourself, your parent(s), your</u> <u>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, 2024 and June 30, 2025, and will be enrolled in a degree or certificate program. Use a separate page if needed.

Full Name	Age	Relationship	College
		Self	

V5

Section C- Student's Income Information

Did you file a 2022 Federal Tax Return? YES NO	If IRS Da	ata Retrieval Tool was unsuccessful, attach IRS Tax Transcript
If no, did you receive a W-2 from any employer for 2022?	YES NO	If yes, attach W2's.
Check here if you will not file and are not required to file	a 2022 U.S. Incom	e Tax Return.

Check here if self-employed

Income earned from work: Use the W-2 or other earnings statements (NON TAX FILERS ONLY)	
Employer	Amount
	\$
	\$

Section D- Parents' Income Information

Did your parent(s) file a 2022 Federal Tax Ret	urn? YES NO	If IRS Data Retrieval Tool was unsuccessful, attach IRS Tax Transcript
If no, did parent(s) receive a W-2 from any em	ployer for 2022?	YES NO If yes, attach W2's.
Check here if you will not file and are not a	required to file a 2022 U.	S. Income Tax Return.
Check here if parent(s) self-employed.	Father/Step-father	Mother/Step-mother

Income earned from work: Use the W-2 or other earnings statements (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 her identity by presenting a valid governmentissued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

If the student is not submitting this paperwork to the Financial Aid Office in person, this section must be completed and signed in the presence of a Notary Public.

In addition, the student must sign, in the presence of the institutional official or Notary Public, the following:

Statement of Educational Purpose

I certify that I ______ am the individual signing this Statement of Educational Purpose and (student's name)

that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Southeastern Illinois College for 2024-2025.

Financial Aid Officer Name Printed	Financial Aid Officer Title
Financial Aid Officer Signature	Date
To be completed by a Notary Public if submi	itting by mail:
Not	ary's Certificate of Acknowledgement
State of	
City/County of	
On,	before me,, Notary's name
Date	Notary's name
personally appeared,	, and provided to me
on busis of substactory evidence	ce of identification
to be the above-	named person who signed the foregoing instrument.
V	WITNESS my hand and official seal
	Notary signature
My commi	ssion expires on Date
	Seal

Section F – Signatures Required

By signing this worksheet, we certify that all the information reported to qualify for Federal Student Aid is complete and correct.

Student

Date

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

Parent

Date