



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

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

Email: fao@sic.edu

2024-2025 Aggregate Verification Independent

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 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:							
any accompa 2024-2025 In Proof of Illin	anying W2's and/or Schedules adependent Verification Work ois residency (if applicable)	S	cript (unless DRT is successfully used) and				
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 you will support between **July 1, 2024** and **June 30, 2025**. <u>Include yourself, your children, and others who live</u> <u>with you and for whom you provide more than half of their support.</u> Also, write the name of the college for anyone listed 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	

Section C- Student's Income Information			
Did you file a 2022 Federal Tax Return? YES NO	IRS Data Retrieval Tool was unsuccessful, attach IRS Tax Transcript		
If no, did you receive a W-2 from any employer for 2022?	If yes, attach W2's.		
☐ Check here if you will not file and are not required to file a 2022 U.S. Income	ne Tax Return.		
☐ Check here if self-employed			
Income earned from work: Use the W-2 or other earnings stat	ements (NON TAX FILERS ONLY)		
Employer	Amount		
	\$		
	\$		
Section D- Spouse's Income Information			
Did your spouse file a 2022 Federal Tax Return? YES NO If IRS	Data Retrieval Tool was unsuccessful, attach IRS Tax Transcript		
If no, did your spouse receive a W-2 from any employer for 2022?	NO If yes, attach W2's.		
Check here if you will not file and are not required to file a 2022 U.S. Incor	ne Tax Return.		
Check here if spouse is self-employed.			
Income earned from work: Use the W-2 or other earnings stat	ements (NON TAX FILERS ONLY)		
Employer	Amount		
	\$		
	\$		
Section E- Statement of Educational Purpose			
Section E- Statement of Educational Ful pose			
The student must appear in person at Southeastern Illinois College to verify his issued photo identification (ID), such as, but not limited to, a driver's license, or maintain a copy of the student's photo ID that is annotated with the date it was authorized to collect the student's ID.	ther state-issued ID, or passport. The institution will		
If the student is not submitting this paperwork to the Financial Aid Office in perpresence of a Notary Public.	rson, this section must be completed and signed in the		
In addition, the student must sign, in the presence of the institutional official or	Notary Public, the following:		
Statement of Educational	Purpose		
(student's name) that the federal student financial assistance I may receive will only be used for a Southeastern Illinois College for 2024-2025.	educational 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	c if submitting by mail:			
	Notary's Certificate of	f Acknowledgement		
State of				
City/County of				
On	, before me,	Notary's name		
personally appeared,	Printed name	of signer, and provided to me		
on basis of satisfactor	y evidence of identification _	Type of government-issued photo ID provided		
		Type of government-issued photo ID provided		
to be the	ne above-named person who	signed the foregoing instrument.		
	WITNESS my hand	l and official seal		
	Notary si	gnature		
M	y commission expires on			
IVI	y commission expires on	Date		
	Seal	1		
Section F – Signatures Re	equired			
By signing this worksheet, we certify	that all the information reported	d to qualify for Federal Student Aid is complete and correct		
Student	Date	WARNING: If you purposely give false or		
	Zuc -	misleading information on this worksheet, you may be fined, be sentenced to jail, or both.		
Spouse (optional)	Date			

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