



2015-2016 VERIFICATION WORKSHEET
Federal Student Aid Programs

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Complete both sides, then mail to: Lycoming College, Financial Aid Office, 700 College Place, Williamsport, PA 17701 or send both sides of this form in PDF format to Finaid@Lycoming.edu, or fax both sides to 570-321-4993.

STEP 1: STUDENT INFORMATION

Student Name Last First MI Student ID #
Student Date of Birth
Student Telephone Number ( ) Student E-mail
Parent Telephone Number ( ) Parent E-Mail

PLEASE NOTE: You are considered a Dependent Student if you were required to provide parental data on your Free Application for Federal Student Aid (FAFSA). You are an Independent Student if you were not required to provide parental data on the FAFSA.

STEP 2: FAMILY INFORMATION

Dependent Students: List the people in your parent's household. Include the following:

- Yourself and your parent(s) (including step-parent), even if you don't live with your parents, and
• Your parent(s) other dependent children, if: (a) your parents will provide more than half of their support from July 1, 2015 through June 30, 2016, OR (b) the children would be required to provide parental information when applying for Federal Student Aid and
• Other people if they now live with your parents AND your parents provide more than half of their support AND will continue to provide more than half of their support from July 1, 2015 through June 30, 2016.

Independent Students: List the people in your household. Include the following:

- Yourself and your spouse if you have one, and
• Your children, if you will provide more than half of their support July 1, 2015 through June 30, 2016, even if they do not live with you, and
• Other people if they now live with you AND you provide more than half of their support AND will continue to provide more than half of their support from July 1, 2015 through June 30, 2016.

Also write in the name of the college for any household member who will be attending college at least half-time between July 1, 2015 and June 30, 2016, AND will be enrolled in a degree, diploma, or certificate program. Attach an additional sheet if necessary.

Table with 4 columns: Full Name, Age, Relationship, College. Row 1: Self (Student), Lycoming College.

STEP 3: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM BENEFITS OR SNAP (formally known as food stamps)

Were you or any family member listed in STEP 2 eligible to receive SNAP benefits during the 2013 or 2014 calendar year?

- YES, and I acknowledge that the College has a right to, and may request, a copy of the SNAP card or letter from the agency that issues SNAP, to document the receipt of benefits...Continue to STEP 4.
NO...Continue to STEP 4.

