



# 2015-2016 Dependent Aggregate Verification Worksheet

## Federal Student Aid Programs

Your application was selected for review in a process called “Verification”. In this process, the College of Menominee Nation (CMN) will compare information from your FAFSA with this worksheet and financial documents you will submit. The law states we have the right to ask you for this information before awarding federal aid. If there are differences between your FAFSA application and your financial documents, the College of Menominee Nation may need to make electronic corrections to your FAFSA. Contact the Financial Aid Office at the College of Menominee Nation at (715) 799-6226 ext. 3039 or ext. 3048 if you have questions about the worksheet.

### INSTRUCTIONS

1. Submit 2014 financial documents (W-2 forms, 1099 forms, 1098-T forms, etc), and child support paid/received in 2014 for the student and student’s parent(s).
2. Complete all sections of this worksheet **in full**.
3. Submit the completed and signed worksheet and/or any other documents requested to the Financial Aid Office at CMN.
4. Transfer 2014 Federal Income Tax Return information using the FAFSA IRS Data Retrieval Tool— *To transfer IRS tax return information, go to [www.fafsa.gov](http://www.fafsa.gov).*  
**Or**  
 Submit 2014 IRS tax return transcript(s)— *To obtain an IRS tax return transcript, go to [www.irs.gov](http://www.irs.gov) and click on the “Order a Return or Account Transcript” link, or call 1-800-908-9946.*

### 1. Student Information

Last Name	First Name	M.I.	SSN or CMN Student ID Number
Mailing Address (include apt. no.)			Date of Birth
City	State	ZIP Code	Phone Number (include area code)

### 2. Number of Household Members and Number in College

1. List below the people in the parent’s household, including:
  - a. **The student.**
  - b. **The parent(s)** (including a stepparent) even if the student doesn’t live with the parent(s).
  - c. **The parent(s)’other’s children**, if the 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 the parent(s).
  - d. **Other people** if they now live with the parent(s) and the parent(s) provides more than half of their support and will continue to provide more than half of their support through June 30, 2016.
2. Include the name of the college for any household member, excluding the 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.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
<i>Marty Jones(example)</i>	<i>20</i>	<i>sister</i>	<i>Central University</i>	<i>Yes</i>
	Self	Self		Yes
				Yes
				Yes
				Yes
				Yes

*\*If more space is needed, attach a separate page with your name and Social Security Number at the top*

**3. Dependent Student's Information (all applicants)**

1. Did the student pay/receive child support in 2014? (Please check one)  Yes\*\*  No

\*\*If Yes, Please provide documentation from Child Support Agency.

2. Check the box that applies:

- a.  The student filed/will file a 2014 Federal IRS Tax Return, Puerto Rican, or Foreign Income Tax Return.
- b.  The student was not employed, did **not** have income and is not required to file a 2014 Federal IRS Tax Return.
- c.  The student was employed and had income, but am not required to file a 2014 Federal IRS Tax Return **and** will list all employer(s) and the amount that was earned in 2014 in the chart below:

NON-TAX FILERS (Complete ONLY if <b>Box c</b> is checked):		
Employer's Name	2014 Amount Earned	IRS W-2 Attached?
<i>Suzy's Auto Body Shop (example)</i>	<i>\$2,000.00</i>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

\* If more space is needed, attach a separate page with your name and Social Security Number at the top

**4. Parent(s)' Information**

1. Did the student's parent(s) pay/receive child support in 2014? (Please check one)  Yes\*\*  No

\*\*If Yes, Please provide documentation from Child Support Agency.

2.  Check here if one of the persons listed in Section B of this worksheet received SNAP benefits (Food Stamps) in 2013 or 2014. If asked by the college, the student will provide documentation of the receipt of SNAP benefits during 2013 and/or 2014.

3. Check the box that applies:

- a.  Parent(s) filed/will file a 2014 Federal IRS Tax Return, Puerto Rican, or Foreign Income Tax Return.
- b.  Parent(s) was not employed, did **not** have income and is not required to file a 2014 Federal IRS Tax Return.
- c.  Parent(s) was employed and had income, but am not required to file a 2014 Federal IRS Tax Return **and** will list all employer(s) and the amount that was earned in 2014 in the chart below:

NON-TAX FILERS (Complete ONLY if <b>Box c</b> is checked):		
Employer's Name	2014 Amount Earned	IRS W-2 Attached?
<i>Suzy's Auto Body Shop (example)</i>	<i>\$2,000.00</i>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

\* If more space is needed, attach a separate page with your name and Social Security Number at the top

## 5. High School Completion Status

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Provide one of the following documents that indicate the student's high school completion status when the student will begin college in 2015-2016:

- A copy of the student's high school diploma
- A copy of the student's final official high school transcript that shows the date when the diploma was awarded.
- A copy of the student's General Educational Development (GED) certificate or GED transcript or a State recognized certificate or transcript as the equivalent of a high school diploma.
- A copy of the "secondary school leaving certificate" or other similar document for students who completed secondary education in a foreign country.
- An academic transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.
- If State law requires a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential.
- If State law does not require a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a transcript or the equivalent, signed by the student's parent or guardian, that lists the secondary school courses the student completed and documents the successful completion of a secondary school education in a homeschool setting.

If the student is unable to obtain the documentation listed above, he or she must contact the Financial Aid Office.

### Exception:

By initialing this box, the student acknowledges a submission of one of the above has been submitted to CMN's Admission Office and gives the Financial Aid Office permission to obtain a copy.

## 6. Certification and Signature

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Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

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

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (Required)

\_\_\_\_\_  
Date

Submit to: College of Menominee Nation  
Attn: Financial Aid Office  
PO BOX 1179  
Keshena, WI 54135  
Phone: (715) 799-6226  
Fax: (715) 799-5602  
Email: financialaid@menominee.edu

**7. Identity and Statement of Educational Purpose (to be signed at CMN – Financial Aid Office)**

The student must appear in person at the **College of Menominee Nation – Financial Aid Office** to verify his or her identity by presenting a valid government-issued 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 reviewed and the name of the official at the institution authorized to collect the student’s ID.

In addition, **the student must sign**, in the presence of the institutional official, the State of Educational Purpose provided below.

**Statement of Educational Purpose**

I certify that I, \_\_\_\_\_ am the individual signing this  
(Print Student’s Name)  
Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purpose and to pay the cost of attending the College of Menominee Nation for 2015-2016.

\_\_\_\_\_  
(Student’s Signature) (Date) (Student’s ID Number)

◀-----● IF ●-----▶

the student is unable to appear in person at the **College of Menominee Nation – Financial Aid Office** to verify his or her identity, the student must provide:

- (a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as, but not limited to a driver’s license, other state-issued ID, or passport, and
- (b) The original State of Educational Purpose, which is provided below, must be notarized. If the notary statement appears on a separate page than the State of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

**Statement of Educational Purpose**

I certify that I, \_\_\_\_\_ am the individual signing this Statement of Educational  
(Print Student’s Name)  
Purpose and that the Federal student financial assistance I may receive will only be used for educational purpose and to pay the cost of attending the College of Menominee Nation for 2015-2016.

\_\_\_\_\_  
(Student’s Signature) (Date) (Student’s ID Number)

**Notary’s Certificate of Acknowledgement**

State of \_\_\_\_\_ City/County of \_\_\_\_\_ On \_\_\_\_\_, before me  
(Date)

, \_\_\_\_\_, personally appeared, \_\_\_\_\_,  
(Notary’s Name) (Name of Signer)

and provided to me on basis of satisfactory evidence of identification \_\_\_\_\_  
(Type of government-issued photo ID)  
to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(seal)

\_\_\_\_\_  
(Notary signature)  
My commission expires on \_\_\_\_\_  
(Date)