



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

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

Email: fao@sic.edu

2013-2014 Dependent Verification Worksheet

Your application was selected for review in a process called 'Verification'. In this process, the Financial Aid Office will be comparing information reported on your FAFSA with information provided on this document. The law authorizes us to ask you for this information before awarding federal aid. If there are differences between your application information and your verification worksheet, 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.

Section A- Stud	dent Information			
Last Name	First Name	M.I	Student ID Number	
Address			Date of Birth	
City	State	Zip Code	Phone Number	
Section B- Food	Stamps (Supplemental	Nutrition Assistance	Program)	
Did you or any memb during 2011 or 2012?		oplemental Nutrition Assistance	ce Program or SNAP (Food Stamps) at any time	
		receipt of SNAP be	If our office has reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2011 or 2012.	
Section C – Sigr	natures Required			
By signing this works	heet, we certify that all the inform	mation reported to qualify for	Federal Student Aid is complete and correct.	
Student	Date	misleadii	NG: If you purposely give false or ng information on this worksheet, you ined, be sentenced to jail, or both.	
Parent	Date			