



## Dependent Verification Worksheet 2023-2024

Student ID: W00\_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please read all instructions carefully. Inaccurate or incomplete information may delay the processing of your financial aid file. Forms not complete in their entirety will not be accepted.**

**I. Dependent Student’s Family Information**

List below the people in your family’s household. Include:

- Yourself
- Your parents (including a stepparent) even if the student doesn’t live with the parents.
- Your parents’ other children if the parents will provide more than half of the children’s support from July 1, 2023-June 30, 2024.
- Other people if they now live with the parents and the parents provide more than half of the other people’s support and will continue to provide more than half through June 30, 2024.
- Number in College: Include in the space below information about any household member who is, or will be, enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2023, and June 30, 2024, include the name of the college.

| Full Name                | Age       | Relationship | Name of College Attending | Will be Enrolled at Least Half Time (Yes or No) |
|--------------------------|-----------|--------------|---------------------------|---|
| <i>Example: John Doe</i> | <i>23</i> | <i>Self</i>  | <i>WSU Tech</i>           | <i>Yes</i>                                      |
|                          |           |              |                           |   |
|                          |           |              |                           |   |
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|                          |           |              |                           |   |

By signing this worksheet, I (we) certify that all of the information reported to qualify for Federal student aid is complete and correct. (If dependent, at least one parent must sign)

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

WSU Tech  
Financial Aid  
4004 N. Webb Rd. Wichita, KS 67226  
316-677-9400

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