



# GLENVILLE STATE

## Independent Student 2011-2012 Verification Worksheet

TO RECEIVE FEDERAL FINANCIAL AID, YOU MUST SUBMIT SIGNED COPIES OF FINANCIAL DOCUMENTS TO THE FINANCIAL AID OFFICE AT GLENVILLE STATE COLLEGE. THIS IS REQUIRED TO VERIFY THE INFORMATION REPORTED ON YOUR APPLICATION. READ INSTRUCTIONS CAREFULLY AND ANSWER ALL QUESTIONS. DO NOT LEAVE ITEMS BLANK. WHEN COMPLETED, RETURN THIS FORM TO THE FINANCIAL AID OFFICE AT GLENVILLE STATE COLLEGE WITH ALL REQUESTED DOCUMENTS. WRITE THE STUDENT'S NAME AND SOCIAL SECURITY NUMBER IN INK ON ALL DOCUMENTS. IF YOU NEED ADDITIONAL SPACE TO ANSWER, ATTACH A SEPARATE SHEET OF PAPER. IF YOU HAVE QUESTIONS, CONTACT THE FINANCIAL AID OFFICE.

### SECTION A: TELL US ABOUT YOURSELF

A-1. \_\_\_\_\_  
 Last Name (Maiden) First Name MI Marital Status

A-2. \_\_\_\_\_  
 Your Complete Address (Include Apt. No.) City State Zip Code Email

A-3. \_\_\_\_\_ A-4. \_\_\_\_\_ A-5. (\_\_\_\_) \_\_\_\_\_  
 Social Security # ID# Date of Birth Phone Number

A-6. \_\_\_\_\_ A-7. \_\_\_\_\_  
 Driver's License Number and State State of Legal Residence Date You Became a Resident

### SECTION B: TELL US ABOUT YOUR FAMILY SIZE

Fill in the information about the people whom you (and your spouse) will support between July 1, 2010 and June 30, 2011. Include:

-Yourself

-Your Spouse

-Your dependent children (if they will receive more than half of their support from you or your spouse).

-Include other people if they:

-lived with and received more than half of their support from you and your spouse at the time you completed your application, and

-will continue to get this support between July 1, 2011 and June 30, 2012.

Full Name	Age	Relationship	College (if half-time attendance more during 2010-11 at an eligible institution)
_____	_____	You The Student	Glenville State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### SECTION C: GATHER ALL TAX FORMS AND OTHER INFORMATION

C-1. Attach a signed copy of all 2010 Federal Income Tax Returns filed by you and your spouse. Include IRS Forms 1040, 1040A, 1040EZ, a tax return from Puerto Rico, or a Foreign Income Tax Return(s). If you or your spouse is required to file a 2010 tax return but have not already done so, you must provide a signed copy of that return to your school when it is filed. If you or your spouse filed a 2010 tax return but did not keep a copy, a transcript may be requested from the Internal Revenue Service (1-800-829-1040) or a copy can be obtained from your tax preparer. **BE SURE TAX RETURNS ARE SIGNED. THE ELECTRONIC FILING FORMS AND TELEFILE FORMS ARE NOT ACCEPTABLE. WE NEED THE ACTUAL 1040 FORMS.**

C-2. Tax return(s) attached (check all that apply).

\_\_\_\_ Your Own \_\_\_\_\_ Your Spouse's \_\_\_\_\_ Joint Return

C-3. If any portion of your 2010 adjusted gross income was earned under the federal work study program, please list amount here:  
 \$ \_\_\_\_\_

C-4. If you or your spouse did not and are not required to file a 2010 Federal Income Tax Return, check all that apply below:

a. I (we) did not file and are not required to file a 2010 Federal Income Tax Return.

\_\_\_\_ You \_\_\_\_\_ Your Spouse

**SECTION D: UNTAXED INCOME AND BENEFITS**

D-1. Did you or your spouse receive child support in 2010? \_\_\_Yes \_\_\_No  
If yes, please list the total amount of child support received in 2010. \$ \_\_\_\_\_

D-2. Did you or your spouse receive any other untaxed income in 2010? \_\_\_Yes \_\_\_No  
If yes, please list the types and annual amounts of other untaxed income received in 2010 such as:  
Workman's Compensation and Untaxed Pensions \$ \_\_\_\_\_

D-3. Did you or your spouse pay child support in 2010? \_\_\_Yes \_\_\_No  
If yes, please list the total amount of child support paid in 2010. \$ \_\_\_\_\_

**SECTION E: GLENVILLE STATE INFORMATION**

INTENDED LIVING ARRANGEMENTS

\_\_\_ Campus Housing

\_\_\_ Off-campus Housing

\_\_\_ With Parents

**Circle One: I HAVE / HAVE NOT** attended any school since high school. If you have, please list **school** and **date attended**.  
including Glenville State College: \_\_\_\_\_

Will you receive educational benefits from Veteran's Benefits, National Guard, and Worker's Compensation, Rehabilitation, WIA, AmeriCorps, Promise or any outside Scholarships? \_\_\_Yes \_\_\_No

If so, list type and yearly amount.

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**SECTION F: SIGN THIS WORKSHEET**

**By signing this worksheet, I certify that all of the information reported to qualify for federal student aid is complete and correct. 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

Return form to:

**Office of Financial Aid  
Glenville State College  
200 High Street  
Glenville, WV 26351  
(304) 462-4103 (Office)  
(304)462-4407 FAX  
www.glenville.edu**