

Student ID #	
Last Name	
First Name	
Date of Birth (mm/dd/yyyy)	
Telephone #	

Note: Use student's legal name, not nicknames (i.e. Robert- not Bobby, Bob, Robby, or Rob)

Please list the amount received in **2020** for each of the items in the chart below. Use **yearly totals**, not monthly amounts.
Do not leave anything blank. If no income was received from the source listed, enter "\$0".

- The verification process may take SEVERAL WEEKS and your federal financial aid will not be determined until the process is complete.
- We suggest that you submit all information by one of the methods listed below WITHIN 2 WEEKS.
- DO NOT make any changes to the FAFSA while in the Verification process.
- If any of the sections of this worksheet are left blank or any signatures are missing, this worksheet will be returned for completion, thereby delaying the processing of your financial aid.
- Thank you for your cooperation and prompt response.

2020 ADDITIONAL FINANCIAL INFORMATION FAFSA Questions 43/91	Student Enter amount or \$0	Student's Spouse or Student's Parent(s) Enter amount or \$0
Education Credits (American Opportunity Tax Credit and Lifetime Learning Tax Credit) 2020 IRS Form 1040 Schedule 3 – line 3.	\$ /year	\$ /year
Child Support Paid for Children Not Included in Your Household Child support paid from Jan. 1- Dec. 31, 2021 because of divorce or separation or as a result of a legal requirement. Don't include support for children in the household. Name of the child for whom the child support was paid. _____.	\$ /year	\$ /year
Taxable Earnings From Need-Based Employment Programs Federal Work-Study and need-based employment portions of fellowships & assistantships in 2020.	\$ /year	\$ /year
Taxable College Grants and Scholarship Aid reported to the IRS as income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships & assistantships.	\$ /year	\$ /year
Combat Pay or Special Combat Pay Only enter the amount that was taxable and included in adjusted gross income. Don't include untaxed combat pay.	\$ /year	\$ /year
Earning from Work Under a Cooperative Education Program (Co-op offered by a college)	\$ /year	\$ /year

I certify the information on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of aid. I understand that the information provided on this form may affect my/my student's financial aid eligibility/award.

Student Signature _____ **Date** _____

Note: Unsigned documents will be returned. This form must be signed with a physical signature. Typed names or electronic signatures are not acceptable.

Parent Signature (if student is dependent) _____ **Date** _____

Note: Unsigned documents will be returned. This form must be signed with a physical signature. Typed names or electronic signatures are not acceptable.

Forms can be submitted in ONE of the following ways:

Submit online via our secure FILEDROP by visiting: <https://willistonstate.edu/admissions/Student-Financial-Aid/Financial-Aid-Forms/>.

Forms can be mailed to or dropped off at the following address: Mailing address: Williston State College ▪ Financial Aid Office

▪ 1410 University Ave. ▪ Williston, ND 58801

For additional questions, email wsc.financialaid@willistonstate.edu or call (701) 774-4248