



2024-2025 Verification Worksheet

Student Financial Assistance
8600 University Boulevard
Evansville, IN 47712
Phone: 812-464-1767 or 800-467-1965
Fax: 812-461-5305 / Email: finaid@usi.edu

A. Student Information

_____	_____	_____	_____
Last Name	First Name	M.I.	USI Student ID number (SSN if ID is unknown)
_____		_____	
Phone Number (include area code)		Date of Birth	

B. Family Information

Check the box that indicates your dependency status (according to FAFSA) AND complete the table below:

Dependent Student*

**A student is dependent if he/she was required to provide parental data on the FAFSA.*

List below the people in the parents' family. Include:

- ✓ The student.
- ✓ The parents (including a stepparent) even if the student doesn't live with the parents. ***NEW*In the cases of divorce/separation the process for determining the correct parent(s) for FAFSA purposes has changed. Visit <https://studentaid.gov/help/who-is-parent> for details.**
- ✓ The parents' dependent children if they live with the individual now and the individual will provide more than half of their support between July 1, 2024, and June 30, 2025. (Include dependent children who live apart due to college enrollment. Do not include unborn children.)
- ✓ Other dependents, if they live with the individual now and the individual will provide more than half of their support between July 1, 2024, and June 30, 2025.

Independent Student**

***A student is independent if he/she was not required to provide parental data on the FAFSA. For more information about dependency status visit <https://studentaid.gov/apply-for-aid/fafsa/filling-out/dependency>.*

List below the people in the student's family. Include:

- ✓ The student.
- ✓ The student's spouse if the student is married.
- ✓ The student's or spouse's dependent children if they live with the individual now and the individual will provide more than half of their support between July 1, 2024, and June 30, 2025. (Include dependent children who live apart due to college enrollment. Do not include unborn children.)
- ✓ Other dependents, if they live with the individual now and the individual will provide more than half of their support between July 1, 2024, and June 30, 2025.

Full Name of Family Members	Age	Relationship to Student
		Self

C. Certification and Signature(s)

Typed/Electronic signatures are NOT accepted. Each person signing below certifies that all of the information reported is complete and correct. Warning: If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.

_____	_____	_____	_____
Student Signature (Required)	Date	Parent Signature * (Required if the student is dependent according to FAFSA)	Date