INDEPENDENT

WINTHROP UNIVERSITY
OFFICE OF FINANCIAL AID

Verification Form
2015-2016

Your Free Application for Federal Student Aid (FAFSA) has been selected for verification and cannot be processed further until you complete this form and submit it to the Office of Financial Aid.

DEADLINES – Please visit www.winthrop.edu/finaid/verification for processing deadlines

PLEASE PRINT

STUDENT INFORMATION

Name ___________________________________________  Winthrop ID # __________________

HOUSEHOLD INFORMATION

List the people in your household, including:
• yourself and your spouse if you have one, and
• your children, if you will provide more than half of their support* from July 1, 2015 through June 30, 2016, even if they do not live with you, and;
• other people if they now live with you and you provide more than half of their support* and will continue to provide more than half of their support from July 1, 2015 through June 30, 2016.

Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.

Write in the name of the college for any household member who will be attending at least half time during the 2015-2016 school year. Do not list a college if the household member is not sure about attending college. Should s/he enroll later, notify our office in writing, and your application will be updated.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College</th>
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<tr>
<td></td>
<td></td>
<td>Self</td>
<td>Winthrop University</td>
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NOTE – If the number of people listed above, or the number of people in college has changed since you filed your FAFSA, please explain:

__________________________________________________________________________________________________

(SEE REVERSE)
**CHILD SUPPORT PAID**

Did you or your spouse **pay** child support in 2014?  □ Yes □ No

If yes, how much for the year?  $____________

List the name(s) and age of each child for whom child support was paid:

<table>
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<th>Child’s Name</th>
<th>Child’s Age</th>
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**FOOD STAMPS**

In 2013 or 2014, did you or your spouse or anyone in your household (listed on page 1) receive Food Stamps from the Supplemental Nutrition Assistance Program (SNAP)?

□ Yes □ No

Note: If Winthrop has reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, Winthrop may require documentation from the agency that issued the SNAP benefits in 2013 or 2014.

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

Student’s Signature ___________________________ Date ______________

Spouse’s Signature (optional) _______________________ Date ______________

Submit to Office of Financial Aid; Sykes House; 638 Oakland Ave; Rock Hill, SC  29733 or fax to (803) 323-2557