

**WINTHROP UNIVERSITY
OFFICE OF FINANCIAL AID**

**Verification Form
2026-2027**

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

Student's Name _____ Winthrop ID Number _____

Family Size - List below the people in your family for whom you will provide more than half their support between July 1, 2026 and June 30, 2027. Make sure to include....

- Yourself (student)
- Your spouse
- Your children, if you will provide **more than half their support** from July 1, 2026 through June 30, 2027. Do not include unborn children.
- Other people, if you will provide **more than half their support** from July 1, 2026 through June 30, 2027.

Full Name	Age	Relationship
		Self

If more than 8 family members, attach a separate sheet of paper with the additional information

If the number of people listed above has changed since you filed your FAFSA, please explain:

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