

Information updated from						
original FAFSA.						
Initia	ıl					
Date	9					

Financial Aid Office 2024-2025 Verification Worksheet-Dependent

Section 1: Student Information									
Student name					Student ID #				
Student cell phone number					Student SSN				
		Dependen	t Stu	dent	<u> </u>				
Section 2: Student's Parent Information									
List your parent(s) below, whose information you we If the parent listed on the FAFSA has remained.	_	-			-	ot live wi	ith them.		
Full Name			Age	D	ate of Birth]	Relationship to Student		
arent 1									
Parent 2									
Section 2: Student's Parent Household Info	rmatio	n							
 the children would be required to provide parental information when apply for Federal Student Aid, even if they do not live with your parent(s). Do not include foster children. Other individuals, only include those if they live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide this support from July 1, 2024 through June 30, 2025. Individuals in college, list below that will be attending college at least half-time (6 credits or more) in a degree, diploma, or certificate program between July 1, 2024 and June 30, 2025, please list the name of the college they are attending. 									
Full Name	Age	Date of Bir	th	Relation	onship to Stude	nt	College Attending		
By signing this Verification Statement, I (we you purposely give false or misleading infor									
X			X						
Student Signature	ent Signature Date Parent Signature Date								

Please complete and return to: ASU – Beebe Financial Aid Office Mail: 1000 W. Iowa Street Beebe, AR 72012 Email: finaid@asub.edu