ARKANSAS STATE UNIVERSITY BEEBE
HEBER SPRINGS • LRAFB • ONLINE • SEARCY

| Information updated from original FAFSA. |
|---|
| _____ Initial |
| _____ Date |

# *Financial Aid Office 2026-2027 Verification Worksheet-Dependent*

| Section 1: Student Information | |
|---|---|
| Student name | Student ID # |
| Student cell phone number | Student SSN |

## Dependent Student

**Section 2: Student's Contributor Information**

List your contributor(s) below, whose information you were required to provide on the FAFSA, even if you do not live with them.

- If the contributor listed on the FAFSA has remarried, you must include your stepparent.

| | Full Name | Age | Date of Birth | Relationship to Student |
|---|---|---|---|---|
| Cont 1 | | | | |
| Cont 2 | | | | |

**Section 2: Student's Contributor Household Information**

Read carefully and list the following individuals.

- **Your parent(s)' other children,** if your parent(s) will provide more than half of their support from July 1, 2026 through June 30, 2027 or if 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, 2026 through June 30, 2027.
- **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, 2026 and June 30, 2027, please list the name of the college they are attending.

| Full Name | Age | Date of Birth | Relationship to Student | College Attending |
|---|---|---|---|---|
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**By signing this Verification Statement, I (we) certify that all information reported is complete and accurate. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

X _____ _____ X _____ _____

**Student Signature** **Date** **Contributor Signature** **Date**

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