Bishop State Community College

351 North Board Street

Mobile, Alabama 36603-5898

Fax: 251-690-6918

Email: financialaid@bishop.edu

2019/2020 STUDENT VERIFICATION WORKSHEET

**Step 1 – STUDENT INFORAMTION:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Social Security Number Student ID Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permant Address: Street & Number City/State/Zip Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@bishop.edu

Local Phone Number (include area code) Additional Phone Number Student email address

**STEP 2 – FAMILY INFORMATION:**

If you are a **DEPENDENT STUDENT** include: If you are an **INDEPENDENT STUDENT** include:

 \*Yourself \*Yourself

 \*Your parent(s) including step-parents \*Your spouse (if you are married)

 \*Your parent(s) other dependent children if a) your \*Your children if you will provide more than

 parent(s) will provide more than half of their support half of their support from July 1, 2019 through

 from July 1, 2019 through June 30, 2020, or b) the June 30, 2020.

 children would be required to provide parental information \*Oher people only if they live in your household

 when applying for Federal Student Aid. and you provide more than half of their support

 \*Other people only if they now live in your parent(s) household and will continue to do so from July 2, 2019

 and your parents will provide more than half of their support through June 30, 2020.

 from July 1, 2019 through June 30, 2020.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Age | Relationship | Name of College (must attend at least half-time during 19/20) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Step 3 – STUDENT TAX TRANSCRIPT & INCOME INFORMATION – CALENDAR YEAR 2017**

Did you file a 2017 Federal Income Tax Return?

\_\_\_\_\_ Yes Attach a copy of a Federal Tax Return Transcript from the IRS (not a copy of Federal Tax Return filed), skip ahead to

 STEP 4.

\_\_\_\_\_ No Complete the table below and provide copies of ALL 2017 W-2 forms and continue to STEP 4.

|  |  |
| --- | --- |
| Source of Income(Fill out only if you did NOT file taxes)  | Amount Earned in 2017 |
|  |  |
|  |  |
|  |  |
| *TOTAL* |  |

Note: To request a Tax Return Transcript or a “W-2 Wage Summary” (if you did not keep a copy of your W-2 form) call the IRS at 800-829-1040. Please be advised that it may take a minimum of three weeks for the IRS to mail these documents to you.

**Step 4 – SPOUSE OR PARENT TAX TRANSCRIPT & INCOME INFORMATION – CALENDAR YEAR 2017**

Did you file a 2017 Federal Income Tax Return?

\_\_\_\_\_ Yes Attach a copy of a Federal Tax Return Transcript from the IRS (not a copy of Federal Tax Return filed), skip ahead to

 STEP 5.

\_\_\_\_\_ No Complete the table below and provide copies of ALL 2017 W-2 forms and continue to STEP 5.

|  |  |
| --- | --- |
| Source of Income(Fill out only if you did NOT file taxes)  | Amount Earned in 2017 |
|  |  |
|  |  |
|  |  |
| *TOTAL* |  |

Note: To request a Tax Return Transcript or a “W-2 Wage Summary” (if you did not keep a copy of your W-2 form) call the IRS at 800-829-1040. Please be advised that it may take a minimum of three weeks for the IRS to mail these documents to you.

**Step 5 – CERTIFICATION:** By signing this worksheet, you certify that all the information reported is complete and correct. If you purposely give false or misleading information, you may be fined, sent to prison or both.

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Student Signature Date Student Name (Print) Student ID Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature (if dependent) Date Parent Name (Print)

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Spouse Signature [if independent (optional)] Date Spouse Name (Print)

If you are unable to obtain signatures from your parent’s please attach

Missing Signature Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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