



Financial Aid
 May Hall, Room 111
 Dickinson State University
 291 Campus Drive
 Dickinson, ND 58601-4896

Office Hours: 7:45 a.m. - 4:30 p.m. Monday - Friday
 Phone: 1-800-279-4295 ext. 2371 or 701-483-2371
 Fax: 701-483-2409
 Web: www.dickinsonstate.edu
 Email: dsu.financialaid@dickinsonstate.edu

2017-2018 Aggregate Verification Worksheet Dependent – V5

A. Student Information

| | | | |
|------------------------------------|---------------------|---------------------------------|-------------------------------------|
| _____ Last Name | _____ First Name | _____ M.I. | _____ Student ID# |
| _____ Student's Current Address | | _____ Social Security Number | |
| _____ City | _____ State | _____ Zip | _____ Student's Telephone Number |
| _____ E-Mail Address | | _____ Date of Birth | |

B. Family Information: *Please carefully read the instructions when completing the section below.*

Write your name and age on the first line. List your parent(s) in the household (including stepparent). Only list the name(s) of the parent/stepparent used on the FAFSA. **List the other children (siblings) in your family born after 01/01/1994, only if your parents will provide more than 50% of their support from July 1, 2017 through June 30, 2018 OR if the sibling is required to provide parental information when applying for Federal Student Aid.** Include stepchildren, but not foster children.

After listing household members, indicate the name of the college for any household member (other than parent/stepparent) who will be attending at least half time between July 1, 2017 and June 30, 2018 and will be enrolled in a degree program. If you need more space, attach a separate page.

| LIST ALL HOUSEHOLD | Household Members First and Last Name | Age | Relationship to Student | Name of College |
|--------------------|---------------------------------------|-----|-------------------------|----------------------------|
| | 1. | | STUDENT/SELF | Dickinson State University |
| | 2. | | | |
| | 3. | | | |
| | 4. | | | |
| | 5. | | | |
| | 6. | | | |

C. 2015 Tax Return Information – Please check the appropriate box(s) to indicate you and your parents' filing status.

Student Section

Parent Section

- Check here if you filed a 2015 tax return. If requested in the Verification E-Mail, **attach a copy of the 2015 IRS Tax Transcript, W-2's and complete Section D.**
- Check here if you **did** work, will not file, and are not required to file a 2015 U.S. Income Tax Return. **Complete Section D.**
- Check here if you **did not** work, will not file, and are not required to file a 2015 U.S. Income Tax Return.
- Check here if you filed an amended tax return, **attach a copy of the 2015 IRS Tax Transcript, signed copies of both of the 2015 IRS Forms (1040 and 1040X) and W-2's.**

- Check here if you filed a 2015 tax return. If requested in the Verification E-Mail, **attach a copy of the 2015 IRS Tax Transcript, W-2's and complete Section D.**
- Check here if you **did** work, will not file, and are not required to file a 2015 U.S. Income Tax Return. **Complete Section D.**
- Check here if you **did not** work, will not file, and are not required to file a 2015 U.S. Income Tax Return.
- Check here if you filed an amended tax return, **attach a copy of the 2015 IRS Tax Transcript, signed copies of both of the 2015 IRS Forms (1040 and 1040X) and W-2's.**

D. 2015 Earned Income Information – Please attach copies of your 2015 W-2's and other documentation of all income and benefits received.

Do Not Leave this Section Blank

If you and/or your parent(s) earned income by working in 2015 list below your 2015 employers and the amount earned at each job (use Box 1 of the W-2 form or other earnings statements):

| Name of Employer/Source of Income | Student Amount | Parent 1 | Parent 2 |
|-----------------------------------|----------------|----------|----------|
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |

F. Sign this Worksheet

By signing this Verification Worksheet, both student and parent certify that all the information reported is true and accurate. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student _____ Date: _____

Parent _____ Date: _____

_____ Is this worksheet completely filled out?

_____ Did you provide copies of your IRS Tax Return Transcript and W-2's?

_____ Did you remember to include all requested documentation?

Please submit this worksheet and supporting documentation by email, fax, or mail to one of the addresses above.



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2017-2018 High School Completion Status

Provide one of the following documents that indicate the student's high school completion status when the student will begin college in 2017–2018:

A copy of the student's high school diploma.

A copy of the student's final official high school transcript that shows the date when the diploma was awarded.

A copy of the student's General Educational Development (GED) certificate or GED transcript.

An academic transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.

If State law requires a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential.

If State law does not require a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a transcript or the equivalent, signed by the student's parent or guardian, that lists the secondary school courses the student completed and documents the successful completion of a secondary school education in a homeschool setting.

If the student is unable to obtain the documentation listed above, he or she must contact Student Financial Services.

Your financial aid will be on hold until this form has been received, reviewed, and the Verification process is complete. To ensure timely processing of your aid, we suggest that you submit this form to the addresses below **within 2 weeks**. Thank you for your cooperation and prompt response.

The information provided on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of aid.

Student _____ Date: _____

Please submit this worksheet and supporting documentation by email, fax, or mail to one of the addresses above.



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2017-2018 Educational Purpose Form

Identity and Statement of Educational Purpose

(To Be Signed at the Institution)

If the student is unable to appear in person at Dickinson State University to sign this form in front of a Financial Aid employee, please see the back of this form.

The student must appear in person at Dickinson State University Office of Financial Aid to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below:

Statement of Educational Purpose

I certify that I _____ am the individual signing this
(Print Student's Name)

Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Dickinson State University for 2017-2018.

Your financial aid will be on hold until this form has been received, reviewed, and the Verification process is complete. Thank you for your cooperation and prompt response.

The information provided on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of aid.

Student's Signature _____ Date ____/____/____

Student's ID _____

FA Employee's Signature _____ Date ____/____/____

Please submit this worksheet and supporting documentation by email, fax, or mail to one of the addresses above.



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2017-2018 Educational Purpose Form

Identity and Statement of Educational Purpose (To Be Signed With Notary)

If the student is unable to appear in person at Dickinson State University to verify his or her identity, the student must provide:

- (a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and
- (b) The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Dickinson State University for 2017-2018.

Student's Signature _____ Date ____/____/____

Student's ID Number _____

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

On _____, before me, _____,

(Date) (Notary's name)

personally appeared, _____, and provided to me

(Printed name of signer)

on basis of satisfactory evidence of identification _____

(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(seal)

 (Notary signature)

My commission expires on _____