

Verification of Additional Financial Aid

Student Name:	
Student ID#:	

Instructions:

If the student was required to provide parental information on the FAFSA answer each question below as it applies to the student and student's parent (s) whose information is on the FAFSA.

If the student was not required to provide parental information on the FAFSA, answer each question below as it applies to the student (and the student's spouse, if married) whose information is on the FAFSA.

If any item does not apply, enter "N/A" for Not Applicable where a response is requested, or enter 0 in an area where an amount is requested. Please use yearly totals and not monthly amounts.

Calendar Year 2019	Parent(s)	Student/Spouse
Education Credits (America Opportunity, Hope of Lifetime Learning tax credit) in 2019. <i>IRS form 1040 Schedule 3 – line 3</i>	\$	\$
Total annual amount of child support PAID because of divorce or separation or because of a legal requirement for 2019. <i>Attach proof of child support paid 2019 from child support enforcement.</i>	\$	\$
Taxable earning from need-based employment programs, such as Federal Work-Study and need –based employment portions of fellowships an assistantship in 2019. <i>Attach W-2</i>	\$	\$
Grants and scholarship aid reported on the IRS in your/your parents adjusted gross income in 2019. Include AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grants and scholarship portions of fellowship and assistantships. <i>Attach signed copy of 1040 tax form</i>	\$	\$
Combat pay or special combat pay in 2019 <i>Only enter the amount that was included in your adjusted gross income for 2019.</i> Do Not Include untaxed combat pay.	\$	\$
Earnings from work under a cooperative education program offered by a college in 2019.	\$	\$

I/We certify that all the information on this form is true and accurate.

***Requires physical signature. Unsigned forms or those with digital /electronic/types signatures will be returned.**

Student Signature:		Date:
Parent/ Spouse Signature: (If applicable)		Date:

****Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Bismarck State College Financial Aid Office
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