

Office of Student Financial Planning, K-Dub Hub, Pioneer Hall 285, 100 E. Claflin, Salina, KS 67401

Telephone: (785) 833-4315 **FAX**: (785) 404-1485

${\bf 2023\text{-}24\ Institutional\ Verification} Worksheet-V5\ Independent\ {\bf (Contact:}$

V5_GR_I)

IMPORTANT: Your FAFSA was selected by the U.S. Department of Education for a process called verification. The verification process will be conducted by Kansas Wesleyan University in accordance with U.S. Department of Education's rules 34 CFR, Part 668. If you, OR your spouse will not file taxes for 2021, please be sure to include amounts earned from work in Section B and attach copies of W-2 forms for all 2021 employers.

| ECTION A: STUDEN INI | FORMATION | | | | |
|--|---|---|--|---|-------------------|
| Student Name: Last | First | Middle | Initial KWU Student ID # | f or Social Security Number | Date |
| Stude | ent Email address | | | Student Cell Phone numb | er |
| ECTION B: FAMILY IN | | | | | |
| Your children, if yOther people if th more than half of | r spouse if you have ou will provide more ey currently live with their support from J | than half of the you, and you uly 1, 2023 thr | neir support from July 1, 2023 provide more than half of the ough June 30, 2024. | eir support and will continu | e to provide |
| Full N | • | Age | Relationship to Student | College attending | |
| | · · · · · · · · · · · · · · · · · · · | | | Kansas Wesleyan | |
| | | | | | |
| | | | | | |
| Office Use Only: | | # | | # | Initi |
| itial to the left which on e taxes for 2021, please orms for all 2021 employ continued on next page.) | the circumstance the be sure to include eers. | at is true for y ach employer | Tax Return, or a foreign incomou regarding your tax filing st and amounts earned from wo | atus for 2021. If you, OR yo | ach copies of W-2 |
| | | | | 2021 income tour data in | only |
| FAFSA. | | | AFSA to link and transfer my/o student and spouse if comple | | |
| therefore, I attac (1040) and assoc | ched a copy of my/or ciated schedules. <i>I ur</i> | ur 2021 IRS Ta Inderstand tha | nin the FAFSA to link and trans on Return Transcript OR a <u>signed</u> of I must also provide a signed on this form, even if we | ed copy of my/our 2021 Tax copy of a 2021 Tax Return | Return for my |

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| i/we d | lid not and will not file a 2021 U. | | | | | | |
|--|---|--------------------------|----------------------|--|---|------------------------|--|
| | I/We had zero earned | OR | | | le taxable income to be | • | |
| | or taxable income in | | | tax return. <u>Please complete the table below and atta</u> | | elow and attach a | |
| | 2021. | | <u>c</u> | opy of all 2021 | W-2 forms student. | | |
| | Employer | | | | Amount earned in 2021 | W-2 Attached (Y/N) | |
| | | | | | \$ | (1714) | |
| | | | | | \$ | | |
| | UDENT HIGH SCHOOL COMPL the box below for the state | | | | | uaent) | |
| I DID grad diploma. | luate from High School and have a hig | sh school | | • | HS Transcript Ok: Yes or No script Requested from HS | | |
| I DID rece | ive a GED. | | | □ Dt | | laced on Hold | |
| I DID graduate from a home school program. | | | | □ HS Transcript received Dt □ HS Transcript Ok: Yes or No | | | |
| | receive a high school diploma or its established a high school diploma or its established above sources. | equivalent | from | | · | | |
| umentation a | from high school, a home school appropriate to satisfy this federal in ail you at your KWU email account or GED forwarded to the KWU Of | requireme t. If you v | ent. If a vere ad | dditional docume mitted with 24 or | ents are needed, the Office | e of Student Financial | |
| | f you purposely give false or misle subject to a Fede | _ | | _ | = - | ent aid, you may be | |
| By signing the | is worksheet, I (we) certify tha | | | | | tudent aid is | |
| Student Sign | aturo | Da | | Chauca Sign | ature (Optional) | Date | |

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I certify that I

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am the individual signing this Statement

<u>SECTION F: IDENTITY/ STATEMENT OF EDUCATIONAL PURPOSE (We need your 2021 tax information for parents & student)</u> (To be completed in front of a Student Financial Planning Representative or Notary Public)

INSTRUCTIONS FOR SUBMISSION OF THIS FORM: (Please read carefully.)

- **Option 1:** Present this form IN PERSON to the Kansas Wesleyan University Office of Student Financial Planning along with an unexpired valid, government-issued photo identification (i.e. driver's license, state-issued photo identification, military identification, or passport). If you present this form in person to the KWU Office of Student Financial Planning, we will maintain a copy of your government photo identification and date received and name of official who collected it.
- **Option 2:** If you are unable to present this form in person to KWU Office of Student Financial Planning, you MUST SIGN BELOW IN THE PRESENCE OF A NOTARY PUBLIC to have this form notarized. Notary publics can typically be found at banking institutions and government offices such as your local County Clerk.

IMPORTANT: Please read and sign the Statement of Educational Purpose below indicating that the statement and all other information contained on this worksheet is true and correct. WARNING! If you purposely give false or misleading information to help establish eligibility for federal student aid, you may be subject to a federal fine, a prison sentence, or both. By signing this statement, you certify that all the information reported in and for this student's application for financial aid is complete and accurate.

STATEMENT OF EDUCATIONAL PURPOSE

| | (Print Student's Nam | ne) | | |
|--------------------------------|--|---|--|--|
| of Educational Purpose and | that the Federal stu | udent financial assistance I may receive will only be used for | | |
| educational purposes and to | pay the cost of att | ending Kansas Wesleyan University for 2023-24. | | |
| | . , | , , | | |
| | | | | |
| Student's Signature | Date | Student's ID Number | | |
| NOTARY'S CERTIFICATE OF A | CKNOWLEDGEMENT | | | |
| (for those unable to appear in | n person in the KWU S | Student Financial Planning Office) | | |
| State of | | , City/County of | | |
| On this date of | , City/County of, before me (notary's name), | | | |
| | , | | | |
| personally appeared (name o | f person signing this f | form) | | |
| | | e of identification (type of government-issued photo ID provided) | | |
| • | - | _ to be the above-named person who signed the foregoing | | |
| instrument. | | | | |
| WITNESS my hand and officia | l seal: | | | |
| , | | | | |
| | | | | |
| | | My commission expires on: | | |
| | | , | | |
| | | | | |
| Notary Public's Signature | | Date | | |
| | | | | |
| Office Use ONLY: | | | | |
| | | Date: | | |
| Attach photocopy of s | tudent's government Issu | Date: ed ID. | | |
| ○ Entered on FAA Access-On-L | ine on Date | by Initials | | |
| Attach FAA Access On | | by illicials | | |

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