

2024-2025

Family Size - Independent Student



Financial Aid, Room 1300
Saint Paul College School Code: 005533
T • 651.846.1386 F • 651.403.4059
Financial.Aid@saintpaul.edu

Your FAFSA application was selected by the U.S. Dept. of Education for review in a process called "verification." In this process we are required by federal law (34 CFR, Part 668) to compare the information from your FAFSA application with the information provided on this form. If there are differences between your application information and your verification documents, we may need to correct your FAFSA information. We cannot process your financial aid until verification has been completed. Please provide the required documents as soon as possible.

STUDENT INFORMATION (PLEASE PRINT CLEARLY)

Tech ID#: _____

Student Name: _____
Last First MI

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

FAMILY INFORMATION

List the people that you (and your spouse, if applicable) will support between July 1, 2024 and June 30, 2025.
List the names of the college each attends, if applicable. Include:

- Yourself
- Your spouse (only if you are married - if you are legally separated or culturally married, do not include spouse)
- Your dependent children (if you provide more than half of their support or if they would be required to give parental information when filling out a FAFSA)
- Other people for whom you will provide more than half of their support and will continue that support from July 1, 2024 and June 30, 2025.

Full Name	Age	Relationship
		<i>Self</i>

SIGNATURE

WARNING: If you purposely give false or misleading information, you may be fined, sentenced to prison, or both. We certify that all of the information reported on this worksheet is complete and correct. The student and parent must sign this worksheet.

Student Signature: _____

Date: _____