2019-2020 FAFSA
Dependents Informational Worksheet

Student Financial Services • Wayne State College • 1111 Main Street • Wayne, NE 68787
Phone: 402-375-7229 • Fax: 402-375-7067 • Email: sfs@wsc.edu

Student Name ___________________________________________ Student ID ____________________________

Birthdate ___________________________________________ Phone No. ____________________________

The Financial Aid Office is required to verify the accuracy of information reported on your FAFSA and to make corrections if necessary. Financial Aid Awards cannot be finalized and aid cannot be paid to the student account until verification is complete.

Method for submitting documents:
Mail: Student Financial Services
Wayne State College
1111 Main Street
Wayne, NE 68787

Scan and Email: sfs@wsc.edu

Fax: 402-375-7067

Please provide information regarding dependents you (the student) claimed on your FAFSA.

Dependents: Defined as people that you (the student) provide more than half of their support from July 1, 2019—June 30, 2020.
Support: Defined as money, housing, food, clothes, medical and/or dental care.

List all dependents you (the student) will provide more than half their support from July 1, 2019—June 30, 2020.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship to You</th>
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Where will the dependents you are supporting live from July 1, 2019—June 30, 2020?

_____ With You OR _____ With someone other than you

If the dependents will not live with you during that time, who will the dependents be living with and what is their relationship?

Name:________________________________________________________________________ Relationship to dependent:__________________________

A. Certification and Signatures

The person signing this worksheet certifies that all of the information reported on it is complete and correct. The student must sign and date.

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

Student’s Signature_________________________________________________________ Date _____/____/____