To receive Federal Financial Aid you are required to verify the information you reported on your FAFSA application for student aid. Please read the instructions and answer all the questions carefully.

Return this form by mail, fax, or hand deliver to Frostburg State University, Office of Student Financial Aid (address and contact information located at the bottom of this form)

A. Student Information (Please Print)

Student Name: ___________________________________________   Birth Date________________

Address: ___________________________________________  Phone: _________________

___________________________________________     _________________

___________________________________________  FSU ID: _________________

B. Family Household Information

List the people in your parents’ household, include:

•yourself

•your parent(s). If your parent is remarried, include information about your parent and your parent’s current spouse.

•your parents' other children, if (a) your parents provide more than half of their support or (b) the children would be required to provide parental information when applying for Federal Student Aid. Include all children who meet either of these standards even if the children do not live with the parents.

•other people if they now live with your parents, and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2015 through June 30, 2016.

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<th>Name of Family Member</th>
<th>Age</th>
<th>Relationship</th>
<th>College</th>
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<td>Self</td>
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</table>
C. Student Information

☐ I did NOT receive Supplemental Nutrition Assistance Program (SNAP) in 2013 or 2014

☐ I did receive Supplemental Nutrition Assistance Program (SNAP) in 2013 or 2014
   You are required to attach documentation from the agency that issues the benefit with the agency’s stamp or on agency letterhead.

D. Parent(s) Information

1. ☐ Parent/Spouse did NOT receive Supplemental Nutrition Assistance Program (SNAP) in 2013 or 2014
   ☐ Parent/Spouse did receive Supplemental Nutrition Assistance Program (SNAP) in 2013 or 2014
      You are required to attach documentation from the agency that issues the benefit with the agency’s stamp or on agency letterhead.

2. ☐ Parent/Spouse did NOT pay/was not required to pay child support in 2014.
   ☐ Parent/Spouse PAID child support in 2014 because of a divorce or separation or as a result of a legal requirement.
      a) The amount of child support paid in 2014 $____________________________

      b) The name(s) of the children for whom child support was paid for in 2014
         __________________________________________
         __________________________________________

      c) The name and address of the person to whom the child support was paid
         __________________________________________
         __________________________________________

      d) Signature of person that paid the child support in 2014
         __________________________________________

E. Sign this Worksheet

You and one parent must sign this form. By signing this worksheet, we certify that all of the information reported on this worksheet is complete and correct. At least one parent must sign. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

________________________________________  ________________________________
Student Signature                        Date                  Parent Signature                      Date

Office of Student Financial Aid
101 Braddock Road, Frostburg, MD 21532
Phone: 301-687-4301 · Fax: 301-687-7074 · Email: fsufinaid@frostburg.edu
www.frostburg.edu/ungrad/faid/