



**Wharton County Junior College**  
**Financial Aid Office**  
**2020-2021 Verification Worksheet-V1, V5**  
Use **BLACK/BLUE INK** only

Name: \_\_\_\_\_ Social Security/ID: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Your application was selected for review in a process called verification. The law states that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and a parent (if applicable) whose information was reported on the FAFSA must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to WCJC. We may ask for additional information.

**Dependent Students:** Fill in the information about the people whom your parents will support between July 1, 2020 and June 30, 2021.

INCLUDE:

- Yourself and your parent(s) (including step parent)
- Your sibling(s) (including step siblings) if your parents will provide more than half of their support
- Other people only if they now live with your parents and your parents will provide more than half of their support and will continue to provide more than half of their support

**Independent Students:** Fill in the information about the people you will support between July 1, 2020 and June 30, 2021.

INCLUDE:

- Yourself and your spouse
- Your or your spouse's children if you or your spouse will provide more than half of their support
- Other people only if they now live with you and your spouse and you will continue providing more than half of their support

List the people who meet the above criteria. Write in the name of the college for any household member who will be attending at least half time between July 1, 2020 and June 30, 2021 and will be enrolled in an institution that participates in Title IV programs. If you need more space, attach a separate page.

Full Name	Age	Date of Birth (MM-DD-YY)	Relationship	College attending in 2020-2021 at least half time
			Self	WCJC

**AUTHORIZATION:** I certify to the best of my knowledge, the information contained in this statement is correct and complete. By signing this document, I verify that I have never been convicted of a felony or an offense under Chapter 481, Health and Safety Code (Texas Controlled Substances Act), or under the law of another jurisdiction involving a controlled substance as defined by Chapter 481, Health and Safety Code.

You must sign below certifying the accuracy of the information on this form. If you were required to provide parent information at least one parent must also sign this form. I (we) understand that purposely giving false or misleading information regarding eligibility for Federal or State aid may result in fines, jail terms, or both.

\_\_\_\_\_  
Student Signature Date Parent Signature Date

No person shall be excluded from participation, denied the benefits of, or be subjected to discrimination under any program or activity sponsored by Wharton County Junior College on any basis prohibited by applicable law, including but not limited to race, color, national origin, religion, sex, age, veteran status or disability.