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| CPTC Logo | **COMPLETE AND RETURN TO:**  4500 Steilacoom Blvd. SW Bldg 17, Room 130  Lakewood, WA 98499-4004; finaid@cptc.edu  **School Code: 015984**  253.589.5660 office 253.589.5618 fax |

# **STUDENT AID & SCHOLARSHIPS**

# **INDEPENDENT VERIFICATION WORKSHEET 2024-2025**

# **V5 AGGREGATE**

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| **You must appear in person** and show a Student Aid & Scholarships staff member your valid government-issued photo ID **AND** sign the Educational Purpose Statement (section F) in the presence of a Student Aid & Scholarships Staff Member. If you are unable to appear in person, you must contact the Student Aid & Scholarships office for further instructions.  The Student Aid & Scholarships office cannot process your application without this information. |

**Federal Student Aid Programs:** Your application was selected for review in a process called “Verification.” In this process, the Student Aid & Scholarships Office will be comparing information from your FAFSA application with your financial documents. We are required to review your FAFSA information under financial aid program rules (34 CFR, Part 668). The law says we have the right to ask you for this information before awarding Federal aid. If there are differences between your application information and your financial documents, corrections to your FAFSA may be required.

## **A: Student Information**

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|  |  |  |  |  |  |  |  |  |
| *Last* |  | *First* |  | *MI* |  | *SSN* |  | *STU ID#* |
|  |  |  |  | @students.cpt.edu |  |  |  | ( ) |
|  | *Email* |  |  |  |  | *Date of Birth* |  | *phone* |
|  |  |  |  |  |  |  |  |  |

## **B: Family Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **In the table below, include:**  * Yourself * Your spouse (if applicable) * Your children (under age 24), if you will provide more than half of their support from July 1, 2024 through June 30, 2025. | | | **Include other people as part of your household ONLY if:**  * They now live with you,   **and** you provide more than half of their support  **and** will continue to provide more than half of their support from July 1, 2024 through June 30, 2025. | |
| **List yourself first, then your spouse (if applicable) then all household members that you support (do not include boyfriend/girlfriend or fiancés).**  If any household member will be attending college at least half time in a degree or certificate program, include the name of the college. If you need more space, attach a separate page. | | | | |
| **Full Name** | **Age** | **Relationship** | | **If enrolled in college from 07/01/24 – 06/30/25, name of college** |
|  |  | Self | | Clover Park Technical College |
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## **C: Student Tax and Income Information**

You can correct your FAFSA online at [www.fafsa.gov](http://www.fafsa.gov) and using the IRS Data Retrieval Tool (This is faster than submitting signed copies of your 1040 tax documents).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **STUDENT** | | | | |
| * I used the IRS Data Retrieval Tool on the FAFSA. If you used the IRS Data Retrieval Tool, *and did not change the information*, you do not need to submit 1040 tax return documents. * I am attaching my **2022 signed copy of my 1040**. * Ifiled an amended 2022 Tax Return. If you select this option you must submit a signed coy of your 1040 tax return document and a signed copy of your 1040X * I did not file a 2022 Tax Return **AND** I am not required to file a Tax Return. If you select this option, list your employer(s) and income earned and attach W-2s or Wage & Earnings Statement from the IRS. * I did not file a 2021 Tax Return and did not have earnings in 2022. **If you did not file a 202 Tax Return and did not have earnings in 2022 you must submit a letter from the IRS verifying your no filing status.** | | | | |
| **Employer** | | **Earnings/Income** | **Employer** | **Earnings/Income** |
|  | | $ |  | $ |
|  | | $ |  | $ |
|  | | $ |  | $ |
|  | | | | |
| Enter the amounts of earned and/or untaxed income and benefits you received from January 1, 2021 – December 31, 2021.  Enter **zero** when appropriate. **Do not leave any item blank** | | | | |
| **STUDENT** | **Enter YEARLY Amounts** | | | |
| $ | IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040- Schedule 1 line 15 plus 19 | | | |
| $ | Tax exempt interest income from IRS Form 1040-line 2a. | | | |
| $ | Untaxed portions of IRA distributions and Untaxed portions of pensions from IRS Form 1040-lines (4a + 5a) minus (4b + 5b) . Exclude rollovers. If negative, enter a zero here. | | | |
| $ | Education Credits (American Opportunity, Hope of Lifetime Learning tax credits) from IRS form 1040-Schedule 3 line 3. | | | |

## **D: High School Completion Status**

Please check only one box and provide required document(s).

* **High School Diploma**. Attached is a copy of my diploma or high school transcript indicating graduation date.
* **GED**. Attached is a copy of my GED certificate.
* **Home School Graduate**. Attached is a transcript signed by my parent or guardian listing the secondary courses completed and documenting the successful completion of secondary school.

**E: Required Signatures**

|  |  |
| --- | --- |
| I affirm that the information provided in this application and other financial aid documents is true and correct to the best of my knowledge. I agree that I have reviewed, understand and agree to the conditions, responsibilities and obligations in order to receive financial aid for the 2024-2025 academic year as stated in the Conditions of Award Packet and Satisfactory Academic Progress Policy available on the Student Aid & Scholarships website. | |
| **Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_** |

The college provides equal opportunity in education and employment and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, marital status, creed, religion, or status as a veteran of war. Prohibited sex discrimination includes sexual harassment (unwelcome sexual conduct of various types).

## **F: Educational Purpose: Completion of this section MUST BE WITNESSED BY A STUDENT AID & SCHOLARSHIPS STAFF MEMBER.**

I certify that I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Clover Park Technical College for 2024-2025.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student’s Signature) (Date) (Student’s ID Number)  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*\*Copy of government issued photo

(Witnessing Student Aid & Scholarships Staff Member’s Signature) (Date) identification required.\*\*