

## 2014-2015 Financial Aid Verification Number in College for Independent Students

Student's Last Name	Student's First Name		Student's Last 4 Digits of SS	
hy you are asked to complete this	form:	As indicated o	on your FAFSA, you (the	e student) reported the
imber of people in your household	who w	ill be attendin	ng college in 2014-2015.	The government re-
ires Corban to confirm this inform	ation to	complete yo	ur application for financ	cial aid.
ho should be listed below:				
Yourself (the student)				
Anyone else in your household w	ho will	be attending	college at least half-tim	e from July 1, 2014
through June 30, 2015. This can i		_	_	•
more than half of their support a			•	• •
June 30, 2015.		continue to p	ovide more than name	. then support timough
Jane 30, 2013.				
First and Last Name		Relation-	Will be e	
	Age	ship	College Name	rolled at least
				half time?
Katrina Benetta (example)	25	Wife	Mt. Jefferson Coll	ege Yes
		Self		
	<u> </u>			
By signing this form, I affirm that all infort	nation or	n this form and a	iny attachments are complet	e and accurate to the best
f my knowledge. If requested, I agree to p				
nderstand that any false statements or n	isreprese	entation may be	cause for denial, reduction,	withdrawal, and/or repay-
nent of financial aid, and I may be subject	to a fine	, imprisonment o	or both, under provisions of t	the United States Criminal
ode.				
Student Signature:		Date: _		

Please return completed worksheet to the Corban University Financial Aid Office 5000 Deer Park Drive SE, Salem, OR 97317

Or Fax to: 503-585-4316