



2015-2016 Financial Aid Verification

Number in College for Independent Students

Student's Last Name _____

Student's First Name _____

Student's Last 4 Digits of SSN _____

Why you are asked to complete this form: As indicated on your FAFSA, you (the student) reported the number of people in your household who will be attending college in 2015-2016. The government requires Corban to confirm this information to complete your application for financial aid.

Who should be listed below:

- Yourself (the student)
- Anyone else in your household who will be attending college at least half-time from July 1, 2015 through June 30, 2016 This can include your spouse, children, or other dependents if you provide more than half of their support and will continue to provide more than half of their support through June 30, 2016.

First and Last Name	Age	Relation-ship	College Name	Will be en-rolled at least half time?
<i>Katrina Benetta (example)</i>	<i>25</i>	<i>Wife</i>	<i>Mt. Jefferson College</i>	<i>Yes</i>
		Self		

By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Student Signature: _____ Date: _____

Spouse 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

Questions? Call 503-375-7006 or email: financialaid@corban.edu