

For Official Use Only VRFIND Status:

2024-2025 Verification Worksheet for Independent Students

Student Name:		St	onehill ID:		
Permanent Address:_					
Cell Number: ()					
Please complete the Free should be completed by y appropriate. DO NOT LE	ou, the student, and	by your custod			
1. Family Size Info	rmation				
continue to pro	and that live with you ovide more than ha	ı and if you v alf of their su	(If more than 6, list a will provide more tha pport from July 1, 202 you provide more tha heir support from Jul	n half of their s 24, and June 3	support and wi 0, 2025
Full Name	Relationship to Student	Date of birth	College this person will attend in academic year 24- 25, if any	Number of credits per semester in 24-25	Student Enrolled in Graduate School (Yes or No)
1. You, the student			Stonehill College		
2.	Spouse				
3.					
4.					
5.					
6.					
2. Employment Inf	ormation				
Ctudent 's Employen	_		Spouse's Employ		
			Name:		
Student 's Employer Name: Address: Position:			Address:		

Enter (Ø) if not applicable	e.	Student	Spouse	
Child support received (total	l for ALL children in household)	\$	\$	
Worker's Compensation		\$	\$	
Bills paid on your behalf by a	third party	\$	\$	
Social Security Disability Income or Veteran's Benefits		\$	\$	
Welfare (e.g. TANF) and unta	xed Social Security benefits	\$	\$	
Untaxed contributions to reting 12a through 12d, codes D, 15	rement- Refer to W-2s, Boxes E,F,G,H, & S an 1040 lines	\$	\$	
Did you or your spous	se pay child support in 20 the following grid. If you no		ease attach a separa	
	se pay child support in 20 the following grid. If you no		ease attach a separa Amount of Child	
Did you or your spous If yes, please complete sheet of paper with the solution. Name of Person Who	se pay child support in 20 the following grid. If you not following information: Name of Person to Whom	ed additional space, p	Amount of	
Did you or your spous If yes, please complete sheet of paper with the Name of Person Who Paid Child	se pay child support in 20 the following grid. If you not following information: Name of Person to Whom Child Support was	ed additional space, p Name of Child for Whom Support was	Amount of Child Support Paid	
Did you or your spous If yes, please complete sheet of paper with the Name of Person Who Paid Child	se pay child support in 20 the following grid. If you not following information: Name of Person to Whom Child Support was	ed additional space, p Name of Child for Whom Support was	Amount of Child Support Paid 2022	
Did you or your spous If yes, please complete sheet of paper with the sheet of Person Who Paid Child Support Permission to Discus If you wish to give us per yourself, please contact to Certification Statemer.	the following grid. If you not following information: Name of Person to Whom Child Support was Paid ss Award mission to discuss your finanthe Registrar's Office at 508-5	Name of Child for Whom Support was Paid cial aid information wit	Amount of Child Support Paid 2022 \$ \$ \$	

Stonehill ID:

Student Name:_____

Please return within 10 days of request in PDF format to finaid@stonehill.edu (enter Student name and Stonehill ID in subject line) or mail to Student Financial Assistance, Stonehill College, 320 Washington Street, Easton, MA 02357. Photographed documents sent via email will not be accepted. Please note that a scanner is available for use in the Stonehill College library.