



2026-2027 Verification Worksheet for Dependent Students

Student Name: _____ **Stonehill ID:** _____

Student Cell Number: _____

Please complete the Free Application for Federal Student Aid (FAFSA) at studentaid.gov prior to submitting this form. This form should be completed by you, the student, and by your custodial parent(s). Enter zero 0 or not applicable (N/A) where appropriate. **DO NOT LEAVE ANY ITEM BLANK**

1. Contributor Parent(s) Information

Include contributor parent(s) information if:

- Your legal parents (your biological and/or adoptive parents) are married to each other or not married to each other and live together, regardless of their gender; or
- Your legal parents are divorced or separated, include information for only the parent who provides the greater portion of the financial support, even if student does not live with them; or
- If both parents provided an exactly equal amount of financial support during the past 12 months, or if they don't or if they don't support the student financially, answer the questions about the parent with the greater income and assets. If this parent is remarried as of today, answer the questions about that parent and the stepparent.

Parent 1 / Stepparent 1 (check one)

Name: _____

Cell Phone: _____

Street Address: _____

Parent 2 / Stepparent 2 (check one)

Name: _____

Cell Phone: _____

Street Address: _____

2. Family Size Information

List below all persons who are living in your contributor parents' household. If more than 6 people, attach a separate page.

- Your contributor parent(s), and
- Your contributor parents' other children if your parent(s) will provide more than half of their support between July 1, 2026 and June 30, 2027 or if the other children would be required to provide information about your contributor parent(s) when completing the FAFSA for 2026-2027 and
- Other people if they now live with your parents and your parents provide more than half of their support and will continue to do so from July 1, 2026 through June 30, 2027

	Full Legal Name	Relationship to student	Date of birth	College they will attend in academic year 26-27, if any
1.	You, the student	-----	-----	Stonehill College
2.		Parent 1/Stepparent 1		-----
3.		Parent 2/Stepparent 2		-----
4.				
5.				
6.				

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3. Permission to Discuss Award

If you wish to give us permission to discuss your financial aid information with someone other than yourself and your custodial parent(s) please indicate below:

Name: _____ Relationship: _____

4. Certification Statements

Financial aid cannot be finalized prior to submission of this Verification Worksheet. If your file is selected for verification by the College or the Federal Government, you will be required to submit additional documents.

By my signature, I certify that all information submitted on this Verification Worksheet is complete and accurate.

Student's Signature: _____

Date: _____

Contributor Parent's Signature: _____

Date: _____

Please return in PDF format to finaid@stonehill.edu (enter Student name and Stonehill ID in the 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.