

Financial Aid Office 2025-2026 DEPENDENT VERIFICATION WORKSHEET Federal Student Aid Programs

V4
Dependent
Custom
Verification

Your application was selected for review in a process called "Verification." In this process, the Financial Aid Office will compare information you provide with your FAFSA. The law requires each institution to collect and verify this information before awarding Federal aid. If there is a difference between your FAFSA and information on any of your verification documents, the college may ask for further information from you and/or make the correction electronically.

Complete this verification form and submit it to your financial aid administrator as soon as possible. The Financial Aid Office cannot process your application without this information.

Student information			
Last Name:	First Name:	M.I.:	
Student ID Number:			
Email:	Phone number (######-####)):	
*A person is considered dependent if he/she was required to provide parental information on the FAFSA.			
Student - Identity Verification			
☐ I am appearing in person with my unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The Financial Aid Office will maintain a copy of your photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review your ID.			
FAO use only: Made copy Date	te Stamped		
☐ I am attaching a notarized copy of my unexpired valid government-issued photo identification (ID), such as, but not limited to a driver's license, other state-issued ID, or passport			

Student – Statement of Educational Purpose	
☐ I am appearing in person to sign the statement be	elow (must sign statement in front of financial aid staff).
☐ I am unable to appear in person to submit the bel (Spokane Colleges does not reimburse for any fees	
I certify that I (Stude Educational Purpose and that the Federal student fine educational purposes and to pay the cost of attendin Postsecondary Educational Institution) for 2025-2026	g (Name of
Spokane Community College 1810 N Greene Street MS 2152 Spokane WA 99217	Spokane Falls Community College 3410 W Whistalks Way MS 3172 Spokane, WA 99224
Student Signature Date	Student ID Number
**This section cannot be compl State ofCity/County of	, and proved to me (Print Student Name) to be the above-named person who signed the
WITNESS my hand and official seal (Notary s	signature)
My commission expires on(Date)	
WARNING: If you purposely give false or misleading information receive the financial aid for the 2025-2026 academic year.	ts submitted with this certification are complete and correct. mation, you may be fined, sent to prison, or both. In order to , I agree that I have reviewed, understand and agree to the e Award Terms and Conditions and Satisfactory Academic
Student Signature (Required) Date	Parent Signature (Required) Date
Spokane Community College	Spokane Falls Community College

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E-mail: fscc@scc.spokane.edu

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E-mail: sfcc.finaid@sfcc.spokane.edu

Spokane Colleges does not discriminate on the basis of race, color, religion, national origin, sex, disability, sexual orientation or age in its programs, activities or employment. Direct all inquiries regarding equal opportunity compliance and/or grievances to chief strategy and administration officer, Spokane Colleges, 501 N. Riverpoint Blvd., P.O. Box 6000, MS1004, Spokane, Wash. 99217-6000. Direct all inquiries or grievances regarding access and Title IX to the chief compliance officer, 2917 W. Whistalks Way, MS 3027, Spokane, Wash. 99224.

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