

**VERIFICATION
PRIORITY DEADLINES**
 Fall June 1, 2017
 Spring Nov 1, 2017
 Summer March 1, 2018

GREENVILLE TECHNICAL COLLEGE 2017-2018 STATUS WORKSHEET

(PLEASE USE BLACK INK ONLY)

A. STUDENT INFORMATION

Last Name _____ First Name _____ M.I. _____ Student ID# _____

Address (include apt. #) _____ City _____ State _____ Zip Code _____

Date of Birth _____ E-mail Address _____ Phone Number (include area code) _____

Student marital status: (select one) single married separated divorced widow

Date of marriage, separation, divorce or widow status: (mm/dd/yyyy) _____

B. PARENT INFORMATION (TO BE COMPLETED FOR DEPENDENT STUDENTS ONLY)

Parent marital status: single married separated (living apart) separated (living together)
 divorced widow

Date of marriage, separation, divorce or widow status: (mm/dd/yyyy) _____

Please read the following information to determine who is considered a parent on this form.

(Note: Grandparents and legal guardians are not considered parents unless they legally adopted you.)

- If your parents are both living and married to each other, provide information for both.
- If your parent is widowed or single, provide their information. If your widowed parent is remarried, provide information for your parent and their spouse.
- If your parents are divorced or separated, provide information for the parent you lived with more during the last 12 months. (If you did not live with one parent more than the other, provide information for the parent who provided more financial support during the most recent year that you actually received support from a parent.) If your parents are separated and living together, provide information for both parents. If this parent is remarried, provide information about that parent and their spouse.

PLEASE BE SURE THE PARENT NAME LISTED BELOW MATCHES THE CORRESPONDING SOCIAL SECURITY CARD.

Father/Stepfather/Parent #1 on FAFSA

Last Name _____ First Name _____ M.I. _____ SSN* _____ Date of Birth* _____

Mother/Stepmother/Parent #2 on FAFSA

Last Name _____ First Name _____ M.I. _____ SSN* _____ Date of Birth* _____

****Your financial aid cannot be processed without this information.***

- Please complete the back of this form -

C. FAMILY INFORMATION

Please list the people in your household:

INDEPENDENT STUDENTS:

- **You and your spouse if married** (if separated, legally or not, do not list your spouse).
- **Your children and other dependents, if you and/or your spouse provide more than half of their support from July 1, 2017 - June 30, 2018.**
- Do not include children for whom you or your spouse pays child support.
- If there are other people in your household who provide more than half of their own support, **do not** list them.

DEPENDENT STUDENTS:

- **You and your parents** (including stepparent) even if you don't live with your parents.
- **Your siblings, even if they don't live with your parent(s), if:**
 - (a) your parents provide more than half of their support from July 1, 2017 through June 30, 2018, or
 - (b) if they would be required to provide parental information when applying for Federal student aid.
- **Grandparents and legal guardians are not considered parents unless they legally adopted you.**
- Do not include children for whom your parents pay child support.
- Any other dependents, now living with your parents, for whom your parents provided and will provide more than half of their support from July 1, 2017 through June 30, 2018.
- If there are other people living in your parents' household who financially support themselves, **do not** list them.

Also, write the name of the college for any family member (excluding your parents) who will be attending college at least half-time between July 1, 2017 and June 30, 2018, and will be enrolled in a degree, diploma or certificate program. If you need more space, attach a separate page, writing your name and ID# at the top.

| Full Name | Age | Relationship | College |
|-----------------------------|-----------|---------------|------------------------------|
| <i>Example: Missy Jones</i> | <i>18</i> | <i>Sister</i> | <i>Your University</i> |
| | | Self | Greenville Technical College |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

We certify that all the information reported on this worksheet is complete and correct. If information on the FAFSA needs to be corrected, we authorize the Financial Aid Office to make those corrections electronically.

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, imprisoned or both.

(AT LEAST ONE PARENT MUST SIGN IF YOU ARE A DEPENDENT STUDENT)

Student's Signature

Date

Parent's Signature (only if student is dependent)

Date

Return to: Greenville Technical College
Financial Aid Department (MS 6033)
P. O. Box 5616
Greenville, SC 29606-5616

Location: Financial Aid Department
Admissions & Registration Center, McAlister Square
225 S. Pleasantburg Dr
Phone: (864) 250-8000