

# 2024–2025 Independent Student Verification Worksheet

**Financial Aid Department**  
 800 Main Street, Room C-019  
 Pewaukee, WI 53072  
 262.691.5578 (Phone); 262.691.5123 (Fax)  
 money@wctc.edu

**Step 1: Student Information**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Step 2: Student Spouse Information**

List your spouse below, if you have one. Do not list your spouse if you are divorced, separated, or widowed. If your spouse will be attending college at least half-time (6 credits or more) in a degree, diploma or certificate program between July 1, 2024 and June 30, 2025, please list the name of the college your spouse is attending.

Full name	Date of birth	Relationship to Student	Name of College
		Spouse	

**Step 3: Student’s Household Information**

Read carefully and list below:

- **Your or your spouse’s children** if you will provide more than half of their support from July 1, 2024 through June 30, 2025.
- **Other people only** if they live with you and receive more than half of their support from you, and will continue to receive this support from July 1, 2024 through June 30, 2025.
- **Those in College:** If any of the people listed below will be attending college at least half-time (6 credits or more) in a degree, diploma or certificate program between July 1, 2024 and June 30, 2025, please list the name of the college they are attending.

Full name	Date of birth	Relationship to Student	Name of College (if applicable)

\*List all household members as described above, even if those household members are not attending college. If you need more space, you may write on the back of this form.

**Step 4: Signature**

By signing this worksheet, you and your spouse certify that all information reported to qualify for federal student aid is complete and correct. **A physical signature is required; Typed signatures are not acceptable.**

**WARNING:** If you or your spouse purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Submit completed form to:  
**WCTC Financial Aid Department**  
 Enrollment Center, Room C-019  
 800 Main Street, Pewaukee, WI 53072 | 262.691.5123 (Fax) | money@wctc.edu

