



FINANCIAL AID OFFICE

411 CENTRAL AVENUE • SALINAS, CA 93901 • (831) 755-6806 • FAX (831) 755-6957

2009 - 2010

INDEPENDENT STUDENT VERIFICATION WORKSHEET

Form MUST be completed in DARK INK

Name of Financial Aid Applicant (Please print)

[Redacted]			[Redacted]
Last Name	First	Middle	Social Security Number

A. Family Information

List the people that you will support between July 1, 2009 and June 30, 2010.

- List yourself and List your spouse (if you have one)
- List your dependent children **if you provide more than one-half** of their support.
- List other people who **you support** by paying more than half of their expenses *from your own income* and will continue to do so during the 2009-10 school year. These people must also be living with you. Do *not* include any people who live with you but support themselves with their own income, even if you share some expenses.

FULL NAME	AGE	RELATIONSHIP	NAME OF COLLEGE (if attending half-time or more during 2009-2010)
<i>Student Applicant</i>		<i>Self</i>	<i>Hartnell College</i>

B. Signatures

By signing this worksheet, I/we certify that all the information reported to qualify for federal student aid is complete and correct.

[Redacted]	[Redacted]
Signature of Applicant	Date
Signature of applicant's spouse	Date
Spouse name (Please Print)	Date

WARNING: *If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.¹*

All applications for financial assistance programs; i.e., student loans, work Compensation, grants, scholarships, special funds, subsidies, prizes, etc., will be considered by the Hartnell College District / Local School District without regard to race, color, national origin, gender, marital status or disability. Harassment of any employee/student with regard to race, color, national origin, gender, marital status or disability is strictly prohibited.