

**INDEPENDENT STUDENT WORKSHEET - STUDENT INFORMATION**

Your FAFSA was selected for a process called verification (Required by Federal Regulation CFR Title 34, Part 668). Trine University will be comparing your FAFSA with documents you provide. If there are differences between your FAFSA information and documents provided, the Office of Financial Aid may make corrections to your FAFSA. Every time you submit a FAFSA you have a chance of being selected for verification. Please submit all requested verification documentation for processing within 45 days of initial request. It may take a minimum of 2-3 weeks after ALL documents are submitted for review.

**Submitting documents after 45 days may affect financial aid awards offered due to limited funding.**

Student Name (print) \_\_\_\_\_

Student ID \_\_\_\_\_

**STEP 1) Student Marital Status**

Are you, the student, married?

Yes  No

If yes, please provide the date you were married: \_\_\_\_\_

**STEP 2) Household Information**

List individuals who are considered part of the student's household. Individuals can include:

- Student attending Trine University.
- Your spouse (if married).
- Your/your spouse's children if (a) you provide more than 50% of their support from July 1, 2022 to June 30, 2023 or (b) not supporting 50%, but child would be required to provide parental information if they completed the 2022-23 FAFSA.
- Other people only if they live with you and you will provide more than 50% of their support between July 1, 2022 and June 30, 2023.

Full Name	Relationship to Student	Age	Name of College & Degree Program <small>(If enrolled at least half-time between 7/1/22 and 6/30/23)</small>
	Self		Trine University
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other:		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other:		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other:		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other:		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other:		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other:		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other:		

