Lander ID (L#)



Student's Last Name

Fwd to Counselor date

## **Lander University Financial Aid Office**

320 Stanley Avenue • Greenwood, SC 29649 Email: finaid@lander.edu • Web: www.lander.edu/finaid Phone: (864) 388-8340 • Fax: (864) 388-8811

## 2023-2024 Number in Household and Number in College

Your application for federal aid was selected for a review process called "verification." Please complete the information below.

ΜI

First

Instructions for whom to include in "Name of Household Members":

Yourself and your pare http://studentaid.ed.gov considered parents (to Your parent's other chi (a) your parent (b) the children Other people if they in provide more than he yourself and your spot Your children, if you we Other people if they in half of their support  (Check hei	nt(s) (must include //fafsa/filling-out. Gunless they legally ldren if: s will provide more could answer "NC now live with your laft of their supported to provide youse (if married), will provide more the now live with you afrom 7-1-2023 three if more the lates of the late	stepparer randparer radopted than half O" to ever parents a t from 7-' ur paren an half of and you p ough 6-30	nt) NOTE: To det nts, foster parel you) for FAFSA of their suppor ry dependency: and your parents 1-2023 through at's informatio f their support for rovide more that 0-2024. Addition	the FAFSA (most LU students are remine who is considered a parent for parts, legal guardians or those with legal purposes and their information cannot from 7-1-2023 through 6-30-2024 Olestatus question on the FAFSA provide more than half of their suppose-30-2024. Additional documentation in on the FAFSA, include:  In on the FAFSA, include:  In malf of their support, and will continual documentation may be required.  In and list additional family member or reported is complete and accumentation in the part of their support.	ourposes of this form, refer to lal custody are NOT inot be used.  Report and will continue to may be required.  Indicate to provide more than the sers on the back)
Number in Household				Full name of college if household member is, or will be, enrolled at least half-time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2023 and June 30, 2024. Parents of a dependent student aren't included.	
Full Name		Age	Relationship	List Name of College	
			Self	Lander University	
Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.					
Student's Signature (Required, digital signature not accepted)  Phone #  Date					
Parent's Signature (Required, digital signature not accepted)  Phone #  Date					
DATA ENTRY	Financial Aid Office Use Only			COUNSELOR REVIEW	
RRAAREQ	xxNHHC = N - Pending Review Insert CNSLV = N - Pending Review Complete V			Verf Review form	
Initials/date	CNSLR Initi			tials/date	