



UNIVERSITY OF ARKANSAS RICH MOUNTAIN

2023–2024 Verification Worksheet

OFFICE OF FINANCIAL AID

Student:

Last Name	First Name	M.I.	SSN
Cell Phone #	Email Address	Date of Birth	
Mailing Address	City	State	Zip Code

Family Information:

Dependent Student	Independent Student
IF Parent information is required on this form ONLY if the student was required to provide parental information on the FAFSA, include the following:	IF Parental information was NOT required on the FAFSA, include the following:
<ul style="list-style-type: none"> Yourself Your parent(s) listed on FAFSA and their spouse Your parent(s) other children if they will provide more than half of their support from 7/1/2023 to 6/30/2024 Other people if they now live with your parent(s) and your parent(s) will provide more than half of their support through 6/30/2024 	<ul style="list-style-type: none"> Yourself Your spouse, if you are married Your children, if you will provide more than half of their support from 7/1/2023 to 6/30/2024 Other people if they now live with you and you will provide more than half of their support through 6/30/2024

If more space is needed, attach a separate page with the student's name and Social Security Number at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
<i>Marty Jones(example)</i>	28	<i>Wife</i>	<i>Central University</i>	<i>Yes</i>
		<i>Self</i>	<i>UARM</i>	

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

(See Reverse)

