

SDS Verification Worksheet

SECTION A – STUDENTS: COMPLETE THIS SECTION FIRST

GSU ID# _____

Your Program (check one)	Last Name, First Name	Date of Birth
<input type="checkbox"/> Addiction Studies	Street Address	
<input type="checkbox"/> Communication Disorders	City, State ZIP	
<input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy	()	
	Phone Number	E-Mail Address

To be considered for the Scholarship for Disadvantaged Students (SDS) Program, you must submit parental income and parental family size regardless of your independent/dependent marital status, or age of the student. Therefore you must submit signed copies of your parents' most recent tax returns. Failure to submit the required documents will render your application incomplete. Federal Regulations require our office to ask for this information before awarding the SDS grant. If your parents are deceased, please indicate as such in the grid under the Full Name section. **Note if any question is left blank, it could delay processing of your application.**

What you should do:

1. Fill in the worksheet completely. **Please print.** You must submit this form along with all requested documents.
2. Submit **signed** copies of your parent's most recent Federal Tax Forms along with appropriate Tax Schedules (Form 1040, 1040A, 1040EZ, Telefile Tax Record, Puerto Rico Tax Return, Foreign Tax Return-convert currency into US dollars) to the Office of Student Financial Aid. Tax/Preparers summaries are not acceptable tax forms.
3. If you do not have a copy of your (and your parent's) tax return and/or W-2's, request a line by line tax transcript or a 1722 tax transcript and/or the W-2 transcript from the Internal Revenue Service (call 1-800-829-1040) or obtain a copy from your tax preparer, remember to sign all tax documents before they are submitted to the Office of Student Financial Aid.

SECTION B: Family Information

List the PEOPLE THAT YOUR PARENT'S will support between July 1 of this year and June 30 of next year. Include:

- Yourself and your parent(s).
- Your parent(s) dependent children (only if your parent(s) provide more than half of their support..)

Include other people as part of your family only if:

- They live **WITH YOUR PARENT(S)** and received more than half their support from your parent(s) at the time you completed your aid application AND they will continue to get more than half their support from your parent(s) between July 1 of this year and June 30 of next year.

Write in the names and ages of all family members below. Also write in the name of the college for any family member who will be attending college at least half time between July 1 of this year and June 30 of next year, and will be enrolled in a degree or certificate program (exclude parents).

Section B – Family Information			
Name of person in household	Age	Relationship to Student	Name of College. Only if person attends college half-time or more
1. Student:		Self	Governors State University
2. Father:			
3. Mother:			
4. Spouse:			

