

2016-17 Verification Form
Blackfeet Community College
PO Box 819
Browning, MT 59417
406-338-5421

Financial Aid Department

Instructions

1. **MAKE SURE ALL SECTIONS OF FORM ARE COMPLETED IN FULL OR IT WILL DELAY THE FINANCIAL AID PROCESS.**
2. **PLEASE USE BLACK/BLUE INK.**
3. **DEPENDENT STUDENTS (required to include parent information on the FAFSA)** must complete ALL SECTIONS of this form.
4. **INDEPENDENT STUDENTS** must complete all sections of this form except for parent signature.

Student Information:

Last Name	First Name	M.I.	Student ID Number or Social Security Number
Address (include Apt No.)			(____) _____ Phone number
City	State	Zip	E-mail

Child Support Paid: Did anyone in the student's (or parents) household (as reported on the FAFSA) pay child support in 2015?

- If **YES**, please complete this section: **DO NOT INCLUDE SUPPORT FOR CHILDREN INCLUDED IN THE HOUSEHOLD SIZE AS REPORTED ON THE FAFSA.**

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid

- If **NO**, the student will go to www.fafsa.gov and update the FAFSA to reflect the correct response to the question, question 76 - for dependent student or question 98 - for independent students.

Certification of signatures: **SENDING WITHOUT SIGNATURES WILL DELAY THE FINANCIAL AID PROCESS.**

By signing this worksheet, I (we) certify that all information reported on this form to qualify for Federal aid is complete and correct.

Student	Date	Parent (if dependent)	Date
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WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.