



Financial Aid
 May Hall, Room 111
 Dickinson State University
 291 Campus Drive
 Dickinson, ND 58601-4896

Office Hours: 7:45 a.m. - 4:30 p.m. Monday - Friday
 Phone: 1-800-279-4295 ext. 2371 or 701-483-2371
 Fax: 701-483-2409
 Web: www.dickinsonstate.edu
 Email: dsu.financialaid@dickinsonstate.edu

2018 – 2019 VERIFICATION OF ADDITIONAL FINANCIAL INFORMATION

This information is being requested because the U.S. Department of Education would like to verify the amount of your income for the calendar year 2016. Dependent students should complete both the Parent and the Student columns. Independent students should complete the Student column and enter zeros in the Parent column. Do not leave any part of this section blank. If not applicable, enter zero.

STUDENT: _____ **STUDENT ID:** _____

Student (and spouse, if applicable)	Enter all of the following that apply to you and/or your parent(s) for the calendar year 2016. Do not leave any item blank. If there was no income for the source listed, write zero.	Parent (dependent students only)
\$	Education credits (American Opportunity, Hope of Lifetime Learning tax credits) from IRS 1040 - line 50 or Form 1040A - Line 33.	\$
\$	Child support your parent(s) paid because of divorce or separation or as a result of a legal requirement. Don't include child support for children reported in your household on the FAFSA.	\$
\$	Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$
\$	Student grant and scholarship aid reported to the IRS in your parent(s) adjusted gross income. Include AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships.	\$
\$	Combat pay or special combat pay. Only enter the amount that was taxable and included in your parent(s) adjusted gross income. Do not enter untaxed combat pay.	\$
\$	Earnings from work under a cooperative education program offered by a college.	\$
\$	TOTAL	\$

All of the information provided on this form and the FAFSA is true and complete to the best of my knowledge. I understand that if I purposely give false or misleading information on this form or the FAFSA, I may be subject to a \$20,000 fine, imprisonment, or both.

Student Signature _____ Date _____
 Parent Signature _____ Date _____