

(Typed signatures will NOT be accepted.)

2024-25 Verification - Verification of Grant & Scholarship Aid Form Dependent/Independent Student

Office of Student Financial Services - One University Ave - Bourbonnais, IL 60914 Phone: (815) 939-5245 Fax: (815) 939-5074 Email: studentfinance@olivet.edu

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called "Verification." Complete this verification form and submit it to the Office of Student Financial Services as soon as possible so that your financial aid is not delayed. Please be aware that your financial aid eligibility may change based on verification.

ONU ID # or SSN	_ Date of Birth	Phone		
Student Name				
Last	First			M.I.
Student Address				
Street (include apartment #)		City	State	ZIP Code
In the student AND/OR parent section of "Taxable student grant & scholarship ai only report a dollar amount for this questi income on your federal tax return.	d reported to the IF	RS in your adjust	ted gross income	" You should
• Please check one of the following s	statements regarding	the amount listed	on your FAFSA:	:
The amounts reported on the FAF 2022 federal tax return are corre tax return. If you/your parent(s) return it will appear on the dotter signed copy of your/your parent	ct and I/my parent(s) did report this as inc d lines of Line 1 in the	did report grants come on your/you nis format: "SCH	and scholarships r parent(s) 2022 t	on the federal ax federal tax
I/my parent(s) did not report any my/their 2022 federal tax returns Nazarene University will correct	and we mistakenly	reported this amo	unt on the FAFSA	
I certify that ALL of the information on this form is	complete and correct:	misleading info	you purposely giv rmation on this fo	orm, you may
Student Signature (Required)	Date	reason to believe that the information on this form is not accurate, we may require additional documentation.		
Parent Signature (Required for Dependent Stud	ents) Date			