



FINANCIAL AID OFFICE

500 East College Street
 Marshall, MO 65340
 (660) 831-4049 | Fax: (660) 831-4003
 financialaid@moval.edu

2026-2027 VERIFICATION WORKSHEET

Your application was selected for review in a process called verification. Federal regulations require us to collect this information before disbursing federal aid. If there are differences between your application information and the verification documents, we will make the corrections and send the required changes electronically to the federal student aid processor to have your information reprocessed. You will be sent a revised award letter only if a change is necessary as a result of verification. You should receive your revised award letter within two weeks of our receipt of all requested documents.

STUDENT INFORMATION

_____ Last Name _____ First Name _____ M.I.
 ____/____/____ (____) _____ Student ID Number

FAMILY INFORMATION

List the people in your household from July 1, 2026 - June 30, 2027:

If an Independent Student, include:

- Yourself and your spouse (if you are married)
- Your dependent children and others, **if you will provide more than half of their support.**

If a Dependent Student, include:

- Yourself & parent(s) you live with (include step-parent)
- Your parents' dependent children and others, if your parents will **provide more than half of their support** or if the children would be required to provide parent information when applying for Federal Aid.

Family Members	Age	Relationship to you	College Name (if enrolled at least half-time) Note: Do not include parents in college
		Self	Missouri Valley College

STUDENT & SPOUSE TAX RETURN FILING STATUS

Student and/or Spouse Filing Status *(Please check only one)*

- I have already completed my 2024 income tax return.
- I will file my 2024 income tax return by _____.
- I'm not going to file a 2024 income tax return and I am **not required** to file a 2024 income tax return.
 - I was not employed & had no income earned from work in 2024
 - I was employed & have listed all employers below. (You **must attach** all W-2s as applicable)

Employer's Name	Amount Earned in 2024	W-2 Attached?*
<i>Suzy's Auto Body Shop (example)</i>	<i>\$2,000.00</i>	<i>Yes</i>
Total Amount of Income Earned From Work:		

***If you linked your taxes successfully on the FAFSA, W-2's are not required.**

PARENT(S) TAX RETURN FILING STATUS (Dependent Students Only)

Parent(s) Filing Status *(Please check only one)*

- My parents have already completed their 2024 income tax return.
- My parents will file their 2024 income tax return by _____.
- My parents are not filing a 2024 income tax return & are **not required** to file a 2024 income tax return.
(If your parents are not going to file for 2024, they are required to provide our office with a Verification of Non-Filing letter from the IRS)
 - My parents were not employed & had no income earned from work in 2024
 - My parents were employed & listed all employers below. (You **must attach** all W-2s as applicable)

Employer's Name	Amount Earned in 2024	W-2 Attached?*
<i>Suzy's Auto Body Shop (example)</i>	<i>\$2,000.00</i>	<i>Yes</i>
Total Amount of Income Earned From Work:		

***If you linked your taxes successfully on the FAFSA, W-2's are not required.**

SIGNATURE(S) - REQUIRED

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. For dependent students, the student and one parent must sign. **WARNING: If you give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

SIGNATURE(S) REQUIRED

Student signature

Date

Parent signature (Dependent Students Only)

Date