Student Financial Services 106 Suffolk Circle Cobleskill, NY 12043 Phone 518-255-5623 Fax 518-255-5844 Financialaid@cobleskill.edu

2022-2023 Verification Worksheet

Last Name	First Name		Street & Number	City/State/Zip				Student ID Number	
Student:				Parent(s):					
Did you work in 2020?		O Yes	O No	Did y	you work in 2020?			O Yes	O No
Did you file Taxes for 2020?		O Yes	O No	Did y	Did you file Taxes for 2020			O Yes	O No
remarried. Also w	rite in the name of the col	lege for a	the space(s) below, even if you do any household member, excluding in a degree granting program. Plea	your parent(s)	, who w	ill be atte	ending co	llege at least half	time between Jul
Full name List everyone in your house hold, parent, siblings, self, spouse, dependents etc.		Age	Relationship to Student	Are they or will be enrolled at least half-time in a degree granting program?				Name of the college attending (if applicable)	
			Self	Yes				SUNY Cobleskill	
	Parent 1 or Spouse (Mother/Father/Step Parent/Spouse)			N/A				N/A	
			Parent 2 (Mother/Father/Step Parent)	N/A				N/A	
				O Yes	or	No	0		
				O Yes	or	No	0		
				O Yes	or	No	0		
				O Yes	or	No	0		
By signing this work	ksheet, I certify all the inform	nation rep	orted is complete and correct:						
Student Signature					Date				
Parent Signature (IF student is dependent) / Spouse Signature (IF student is married)					Date				

If sending Via email- PDF attachments are preferable. Smart phones have free scanning apps that can assist with emailing a PDF rather than a photo.