

A. Student Information

2024-2025

Arizona Western College Office of Financial Aid financialaid@azwestern.edu Phone (928) 344-7634 FAX (928) 317-6420

INSTITUTIONAL VERIFICATION FORM

Your application was selected for review in a process called "Verification." In this process, your school will be comparing information from your application with copies of your and your parent(s)/spouse's (if you are married) Federal tax forms or W-2 forms or other financial documents. The law says we have the right to ask you for this information before awarding Federal aid. If there are differences between your application information and your financial documents, you or your school may need to make corrections electronically or by using your Student Aid Report (SAR). WARNING: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both. AWC must review the requested information under the financial aid program rules (34 CFR, Part 668)

Student Full Name (please print clearly) Mailing Address				AWC ID Home Phone (with area code)			Date of Birth
							Cell Phone
City	State	<u> </u>	Zip Code	E-mail address			
of their support IF Dependent: more than half of College Inform	t: Always include you and you will continu Always include you of their support from nation: Indicate when	our spouse, ne to provid our parent(s) your paren other any ho	e more than half of their and any siblings or other t(s) between July 1, 2024	endents, even if the support between J dependents even I, and June 30, 202 elow will be atten-	ey don't li uly 1, 202 if they don 25. ding colle	ive with you, 14, and June 3 n't live with y ge at least hal	but you provide more than h 0, 2025. your parents, if they receive f time between July 1, 2024
Full N	Name	Age	Relationship to Student		be enr lege at l	Name of College	
			Self			No	AWC
					Yes	No	
					Yes	No	
					Yes L	No	
					Yes L	No No	
_					Yes Yes	No No	
		·				Cor	atinue on next pa
			FOR OFFICE	USE ONLY			
Program of S			HS/GED)		ent Codes	Corrections
Program of s			IVF VERIFI		_CRI _RTP	ent Codes	Verified F

C. 2022 Income Information

IRS Federal Tax and Wage transcripts or Verification of non-filing letters can be obtained at www.irs.gov **Note:** For foreign income earners or tax filers, comparable documentation must be provided.

Student	Date	Parent (required only if dependent)	
least one parent must sign	n. I (we) understand tha	formation reported on it is complete at the Office of Financial Aid may rea and if I (we) do not give proof when a	quest additional
D. Sign this Form			
non-filing letter fr	om the IRS & equivalen	nt for foreign income.	
I did not file feder	al or foreign taxes and d	lid not earn income from work. Subr	nit verification of
Transcript/W-2 an	d IRS verification of no	on-filing letter & equivalent for foreign	gn income.
I did not file feder	al or foreign taxes but di	id earn income from work. Submit V	Wage
tax return.			
☐ I have filed federa	l or foreign taxes. Subm	it copy of IRS Tax Return Transcrip	t or signed foreign
☐ I have filed federa	l taxes and successfully	used the IRS data retrieval tool on the	ne FAFSA.
2. Select which applie	es to the student's spou s	se/parent, for the year 2022.	
required if depend	'ent)		
_	-	nt for foreign income. (IRS non-filing	letter not
	_	lid not earn income from work. Sub	
_		on-filing letter & equivalent for foreign	
I did not file feder	al or foreign taxes but di	id earn income from work. Submit V	Wage
tax return.			
☐ I have filed federa	l or foreign taxes. Subm	it copy of IRS Tax Return Transcrip	t or signed foreign
☐ I have filed federa	l taxes and successfully	used the IRS data retrieval tool on the	ne FAFSA.
1. Select which applie	es to you, the student , for	or the year 2022.	