

**Western Iowa Tech Community College**  
**Financial Aid Verification — Dependent Child**

- As provided by the Board Policy 400.29, Enrollment in WITCC courses and Administrative Procedure AP400.29, same title, I hereby certify that I have submitted a Free Application for Federal Student Aid (FAFSA) listing WITCC to receive the results for the \_\_\_\_\_ - \_\_\_\_\_ school year.
- I have contacted the WITCC Financial Aid Office to determine financial aid eligibility for the \_\_\_\_\_ - \_\_\_\_\_ school year.

Student Name \_\_\_\_\_ Student Identification Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Employee Name \_\_\_\_\_ Employee Identification Number \_\_\_\_\_  
Telephone Number or WITCC Extension \_\_\_\_\_

\_\_\_\_\_  
Employee Signature Date

Enrollment Plans: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_  
If summer only, does or will the student attend another college in the fall semester?  Yes  No  
College name \_\_\_\_\_  
College City & State \_\_\_\_\_

----- **Do Not Separate** -----

Information on the FAFSA filed by the above student  has  has not been received.

The student  does  does not qualify for financial aid as indicated below:

Amount of gift/grant aid awarded for \_\_\_\_\_ - \_\_\_\_\_ school year: \$ \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_ fall semester: \$ \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_ spring semester: \$ \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_ summer semester: \$ \_\_\_\_\_

\_\_\_\_\_  
Financial Aid Signature Date

***Return all copies to the Human Resources Office***