2025-2026
WINGATE UNIVERSITY VERIFICATION OF LEGAL DEPENDENTS

STUDENT INFORMATION

List your full name and Wingate University Student ID number below.

Full Name	*Wingate University ID #*

DEPENDENT INFORMATION

List the name(s) of any child or dependent who will receive more than half of their support from you (the student) between July 1, 2025 and June 30, 2026.

Full Name	*Relationship to You*	*Date of Birth*

2024 STUDENT FINANCIAL INFORMATION

2024 Wages Earned (Check One)

☐ I (the student) was not employed and had no income earned from work in 2024

☐ I (the student) earned wages in 2024 (Provide your employer information and total earnings below)

Employer's Name	*Total Earned in 2024*
	$
	$

SUPPORTING DOCUMENTATION

Submit any/all of the following documentation to support your appeal, as applicable:

- Legal court documentation showing support of dependent(s)
- Health Insurance Coverage for the dependent(s) provided by the student
- Occupancy permit or other housing documents showing dependent(s) residing in the household with the student
- Daycare provider information and proof of payment made by the student for the dependent(s)
- Documentation of Federal Benefit Programs for the dependent(s) in the name of the student
- Documentation of child support received and/or paid for the dependent(s)

STUDENT SIGNATURE

I certify that all of the information reported is complete and accurate. By signing this form, I authorize Wingate University to make any changes to the originally reported FAFSA data resulting from this appeal process. **Important Note:** A typed name **is not** a signature.

Student Signature & Date