2026-2027 Independent Aggregate Verification Worksheet

Federal Student Aid Programs

Your application was selected for review in a process called "Verification". In this process, the College of Menominee Nation (CMN) will compare information from your FAFSA with this worksheet and financial documents you will submit. The law states we have the right to ask you for this information before awarding federal aid. If there are differences between your FAFSA application and your financial documents, the College of Menominee Nation may need to make electronic corrections to your FAFSA. Contact the Financial Aid Office at the College of Menominee Nation at (715) 799-6226 ext. 3237 if you have questions about the worksheet.

INSTRUCTIONS

1. Complete all sections of this worksheet **in full.**
2. Submit the completed and signed worksheet and/or any other documents requested to the Financial Aid Office at CMN.
3. Submit 2024 financial documents **(if asked for).**
   a. Submit a copy of your **2024 IRS tax return or transcript(s)—** *To obtain an IRS tax return transcript, go to www.IRS.gov and click on the "Order a Return or Account Transcript" link, or call 1-800-908-9946.*
   b. If not required to submit taxes, provide W-2 forms if applicable.

1. Student Information

Last Name | First Name | M.I. | SSN or Student ID Number

Mailing Address (include apt. no.) | Date of Birth

City | State | ZIP Code | Phone Number (include area code)

2. Number of Family Members

-List below the number of family members in the household:

a. Family size includes: The parent (and their spouse), the student, other people, if they now live with the parent and the parent will provide more than half of their support between July 1, 2026, and June 30, 2027. This includes dependent children who meet these criteria even if they live apart because of college enrollment.

Full Name	Age	Relationship
Marty Jones (example)	28	Wife

**If more space is needed, attach a separate page with your name and Social Security Number at the top*

3. Independent Student's Information (all applicants)

-Check the box that applies:

a. ☐ The student filed/will file a 2024 Federal IRS Tax Return, Puerto Rican, or Foreign Income Tax Return.
b. ☐ The student was not employed, did **not** have income and is not required to file a 2024 Federal IRS Tax Return.
c. ☐ The student was employed and had income, but am not required to file a 2024 Federal IRS Tax Return **and** will list all employer(s) and the amount that was earned in 2024 in the chart below:

NON-TAX FILERS (Complete ONLY if **Box c** is checked):		
Employer's Name	2024 Amount Earned	IRS W-2 Attached?
Suzy's Auto Body Shop (example)	*$2,000.00*	☒
		☐
		☐

** If more space is needed, attach a separate page with your name and Social Security Number at the top*

4. Spouse's Information (if student is married)

-Check the box that applies:

a. ☐ Spouse filed/will file a 2024 Federal IRS Tax Return, Puerto Rican, or Foreign Income Tax Return.
b. ☐ Spouse was not employed, did **not** have income and is not required to file a 2024 Federal IRS Tax Return.
c. ☐ Spouse was employed and had income, but am not required to file a 2024 Federal IRS Tax Return **and** will list all employer(s) and the amount that was earned in 2024 in the chart below:

NON-TAX FILERS (Complete ONLY if **Box c** is checked):		
Employer's Name	2024 Amount Earned	IRS W-2 Attached?
Suzy's Auto Body Shop (example)	*$2,000.00*	☒
		☐
		☐

** If more space is needed, attach a separate page with your name and Social Security Number at the top*

ANSWER ALL QUESTIONS. INCOMPLETE FORMS WILL BE RETURNED.

Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

_____ _____
Student's Signature (Required) Date

_____ _____
Spouse's Signature (Optional) Date

Submit to: College of Menominee Nation
Attn: Financial Aid Office
PO BOX 1179
Keshena, WI 54135
Phone: (715) 799-6226
Fax: (715) 799-5602
Email: financialaid@menominee.edu

Identity and Statement of Educational Purpose (to be signed at CMN – Financial Aid Office)

The student must appear in person at the **College of Menominee Nation – Financial Aid Office** to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and reviewed and the name of the official at the institution authorized to collect the student's ID.

In addition, **the student must sign**, in the presence of the institutional official, the State of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I, _____ am the individual sigining this
(Print Student'Name)
Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purpose and to pay the cost of attending the College of Menominee Nation for 2026-2027.

_____
(Student's Signature) (Date) (Student's ID Number)

IF

the student is unable to appear in person at the **College of Menominee Nation – Financial Aid Office** to verify his or her identity, the student must provide:

(a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as, but not limited to a driver's license, other state-issued ID, or passport, and

(b) The original State of Educational Purpose, which is provided below, must be notarized. If the notary statement appears on a separate page than the State of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

I certify that I, _____ am the individual sigining this Statement of Educational
(Print Student'Name)
Purpose and that the Federal student financial assistance I may receive will only be used for educational purpose and to pay the cost of attending the College of Menominee Nation for 2026-2027.

_____

(Student's Signature) (Date) (Student's ID Number)

Notary's Certificate of Acknowledgement

State of _____ City/County of _____ On _____, before me
(Date)

, _____, personally appeared, _____,
(Notary's Name) (Name of Signer)

and provided to me on basis of satisfactory evidence of identification _____
(Type of government-issued photo ID)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(seal)

_____
(Notary signature)

My commission expires on _____
(Date)