

FINANCIAL AID VERIFICATION WORKSHEET

STUDENT INFORMATION

Name: Amber Weeks
Student ID: aw617
Academic Year: 2025/2026

HOUSEHOLD INFORMATION

Family Member	Age	Relationship	College (if attending)
Amber Weeks	21	Self	This Institution
Christopher Contreras	45	Parent	N/A

INCOME VERIFICATION

Did you file a tax return for 2024? Yes
Adjusted Gross Income: \$28231
Taxes Paid: \$3387
Income Earned from Work: \$25407

CERTIFICATION

By signing this worksheet, I certify that all the information reported is complete and correct to the best of my knowledge.

Student Signature: _____ Date: 03/29/2025
Parent Signature: _____ Date: 04/01/2025