

# FINANCIAL AID VERIFICATION WORKSHEET

## STUDENT INFORMATION

Name: Shelby Cochran  
Student ID: sc988  
Academic Year: 2025/2026

## HOUSEHOLD INFORMATION

Family Member	Age	Relationship	College (if attending)
Shelby Cochran	20	Self	This Institution
Candice Andrade	60	Parent	N/A
Cheryl Cross	42	Parent	N/A

## INCOME VERIFICATION

Did you file a tax return for 2024? Yes  
Adjusted Gross Income: \$27469  
Taxes Paid: \$3296  
Income Earned from Work: \$24722

## 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: 01/09/2025  
Parent Signature: \_\_\_\_\_ Date: 03/24/2025