

Financial Aid Office 1860 Lincoln Street 6th Floor

Denver, CO 80203 Phone: 720-423-4700

Financial.Aid@emilygriffith.edu

EmilyGriffith.edu

2025-2026 Independent Student Aggregate

Student Name (Print):	Student ID#:
Email:	Phone Number:
	-

Your 2025–2026 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. According to the Department of Education, before offering Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this form and with any other required documents. If there are differences, your FAFSA information will be corrected.

Family Size Information

List below the people in your family. Include:

- Yourself (Student)
- Your spouse if you were married at the time the FAFSA was completed.
- Your dependent child(ren)
 - o If they now live with you (or live apart because of college enrollment) and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2025 through June 30, 2026.
 - O Do not include child(ren) you are paying child support for.
 - Do not report foster child(ren).
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2025 through June 30, 2026.

The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the student could claim as a dependent on a U.S. tax return if the student were to file a U.S tax return at the time of completing the 2025-2026 FAFSA. As a result, the student should not include any unborn children in the family size.

Full Name	Age	Relationship
Student		Self

Student Name (Print): S	Student ID#:	
Income Information		
If you and/or your spouse filed a Federal Income Tax Return, please use the FUT	URE Act Direct Data Exchange	e (FA-DDX) to transfer 2023
Federal tax information directly to your FAFSA, or submit 2023 IRS Tax Return Ti		
Return with applicable schedules to the Financial Aid Office. To obtain an IRS Ta		
https://www.irs.gov/individuals/get-transcript. Be sure to order the IRS Tax "Re		
<u>Student</u>		
Check only <u>ONE</u> box that applies to you:		
Student used the FA-DDX on the FAFSA.		
☐ Student has attached a copy of 2023 IRS Tax Return Transcript or a sign	ned and dated copy of 2023 F	ederal Income Tax
Return with applicable schedules.		
☐ Student has not filed and is not required to file a 2023 Federal Income	Tax Return and had NO incor	me earned from work in
2023. Must submit a Verification of Non-filing letter from the IRS.		
☐ Student has not filed and is not required to file a 2023 Federal Income	Tax Return <mark>and</mark> had income e	earned from work in 2023.
 List below all employers and amounts of income earned from v 	work in 2023.	
 Attach all 2023 IRS W2s or Equivalent Documents. 		
 Must submit a Verification of Non-filing letter from the IRS. 		
Employer's Name	IRS W-2 or an Equivalent	Annual Amount
	Document Provided?	Earned in 2023
Total Amount of	Income Earned From Work	\$
<u>Spouse</u>		
Check only <u>ONE</u> box that applies to you:		
Spouse used FA-DDX on the FAFSA.		
Spouse has attached a copy of 2023 IRS Tax Return Transcript or a sign	ed and dated copy of 2023 Fe	ederal Income Tax
Return with applicable schedules.		
☐ Spouse has not filed and is not required to file a 2023 Federal Income	Tax Return and had NO incom	ne earned from work in
2023. Must submit a Verification of Non-filing letter from the IRS.		
Spouse has not filed and is not required to file a 2023 Federal Income 1	Tax Return and had income ea	arned from work in 2023.
 List below all employers and amounts of income earned from 	work in 2023	
 Attach all 2023 IRS W2s or Equivalent Documents. 		
 Must submit a Verification of Non-filing letter from the IRS. 		
Employer's Name	IRS W-2 or an Equivalent	Annual Amount
	Document Provided?	Earned in 2023
Total Amount of	Income Earned From Work	\$

		V5		
Student Name (Print):	Student ID#:			
Identity and Statement of Educational Purpos	<u>e</u> – (MUST be signed in person at Emily Gri	ffith Technical College)		
The student must appear in person at Emily Griffith Tech government-issued photo identification (ID), such as, bu institution will maintain a copy of the student's photo ID and the name of the official at the institution authorized	t not limited to, a driver's license, other sta that is annotated by the institution with the	ite-issued ID, or passport. The		
In addition, the student must sign, in the presence of an	Emily Griffith Technical College staff memb	per, the following:		
Statement of Educational Purpose				
I certify that I		am the individual signing this		
(Print Student Name)				
Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Emily Griffith Technical College for 2025-2026.				
Student Signature	Student ID Number	Date		

Emily Griffith Technical College Staff Member Signature

Date

Student Name (Print):	Student ID#:			
 If the student is unable to appear in person at Emily Griffith Technical College to verify his or her identity, the student must provide: (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and (b) The original Statement of Educational Purpose, which is provided below, must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized. 				
Statemen	t of Educational Purpose			
I certify that I(Print Student Name)		am the individual signing this		
(Print Student Name)				
Statement of Educational Purpose and that the Fe educational purposes and to pay the cost of atten				
Student Signature	Student ID Number	Date		
Notary's Certificate of Acknowledgement				
State of City/C	County of			
On, before	e me,			
(Date)	(Notary Name)			
personally appeared,(Printed Student Name)		, and proved to me		
on basis of satisfactory evidence of identification	(Type of government-issued photo II	D provided)		
to be the above-named person who signed the foregoing instrument.				
WITNESS my hand and official seal (Seal)				
(1.1.1)	(Notary Signature)			
My commission expires on				
	(Date)			
By signing this form, I certify that all the information reported on this form is complete, true, and accurate. I understand that purposely providing false or misleading information could result in criminal prosecution, prison sentence, and/or a fine pursuant to U.S. Criminal Code and Colorado Criminal Code. I affirm that I have read, understand, and agree to this form in its entirety.				
Student Signature		te		