Office of Financial Aid
1510 Lake Rd
Dyersburg, TN 38024

DSCC
DYERSBURG STATE
COMMUNITY COLLEGE

financialaid@dscc.edu
Fax: 731-286-3354
Phone: 731-286-3350

2024-2025 Verification of Parent Data

_____   _____
Student's Name   Student ID

1. Parent's Information

Please complete the following section based on your parent's *current marital status*.

"Parent" means your legal (biological and/or adoptive) parent and your stepparent, if applicable. In addition, the guidelines below will outline which parent's information is needed.
  - If your parents are living and legally married to each other, answer the questions about both of them.
  - If your parents are living together and are not married, answer the questions about both of them.
  - If your parent is widowed or was never married, answer the questions about that parent.
  - If your parents are divorced or separated and don't live together, answer the questions about the parent who provided more financial support during the past 12 months or during the most recent year that you actually received support from a parent.
  - If your parents are divorced but live together, you'll indicate their marital status as "Unmarried and are living together," and you'll answer the questions about both of them.
  - If your parents are separated but live together, you'll indicate their marital status as "Married or Remarried," and you'll answer the questions about both of them.
  - If you have a stepparent who is married to the legal parent whose information you're reporting, you must provide information about the stepparent as well.

What is the current marital status of your parent? (Please circle one)

Married/Remarried   Divorced/Separated   Never Married   Widowed   Unmarried and are living together

What is the date they were married, separated, divorced, or widowed? _____

Parent's Data: **Parent's Spouse's Data:**

Last Name: _____   Last Name: _____

First Initial: _____   First Initial: _____

Social Security Number: _____   Social Security Number: _____

Date of Birth: _____   Date of Birth: _____

What is your parent's address?

Street _____

City _____ State _____ Zip Code _____ Country _____

What state is your parent a legal resident of? _____

What date did they become legal residents of this state? _____

Did your parent receive any of the following during the 2022 or 2023 calendar years?

    Please write yes or no for each item.

      _____   Earned Income Credit

      _____   Federal Housing Assistance

      _____   Free or Reduced-Price Lunch (not associated with a grant that allows all students to have free lunch)

      _____   Medicaid

      _____   Refundable Credit for 36B Health Plan (QHP)

      _____   Supplemental Nutrition Assistance Program (SNAP)

      _____   Supplemental Security Income (SSI)

      _____   Temporary Assistance for Needy Families (TANF)

      _____   Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

2. Student's Family Information:

List the people in your family in the chart below.

<u>Include:</u>
- Yourself (the student)
- Your parent(s) (including a stepparent, if applicable) even if you don't live with your parent(s).
  - Exclude a parent who is not living in the household because of separation or divorce.
  - Exclude a deceased parent.
  - Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- Your siblings if the following are true:
  - They live with the student's parent(s) (or live apart because of college enrollment),
  - They receive more than half of their support from the student's parent(s), and
  - They will continue to receive more than half of their support from the student's parent(s) during the 2024-2025 academic year.
  - Exclude any unborn children.
  - This should align with whom your parent(s) could claim as a dependent on their tax return if the parent(s) were to file a tax return at the time of completing the 2024-2025 FAFSA.
- Other persons if the following are true:
  - They live with the student's parent(s),
  - They receive more than half of their support from the student's parent(s), and
  - They will continue to receive more than half of their support from the student's parent(s) during the 2024-2025 academic year.

       If more space is needed, provide a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship to You	Will they be enrolled in at least 6 hours in college?	
Marty Jones (example)	*18*	*self*	(Yes)	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

_____   _____

Student's Signature   Date

_____   _____

Parent's Signature   Date

When you have completed this form, please return it along with all requested documents to the financial aid office. You can either mail (1510 Lake Rd., Dyersburg, TN 38024), fax (731-286-3354), or drop off at any of our 3 locations.

Dyersburg State Community College does not discriminate against students, employees, or applicants for admission or employment on the basis of race, color, religion, creed, national origin, sex, sexual orientation, gender identity/expression, disability, age, status as a protected veteran, genetic information, or any other legally protected class with respect to all employment, programs, and activities sponsored by Dyersburg State Community College. The staff that have been designated to handle inquiries regarding non-discrimination policies and the Dyersburg State Community College's policy on nondiscrimination can be found at https://www.dscc.edu/non-discrimination-policy/. A Tennessee Board of Regents Institution.