



Office of Financial Aid  
1510 Lake Rd | Dyersburg, TN 38024  
financialaid@dscctc.edu  
Fax: 731-286-3354  
Phone: 731-286-3350

## 2026-2027 Verification of Student Data

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

### Student's Information

**1. What is your address?**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**2. What state are you a legal resident of?** \_\_\_\_\_

**3. What date did you become a legal resident of this state?** \_\_\_\_\_

**4. Are you a U.S. Citizen or an eligible non-citizen?** \_\_\_\_\_

**5. What is your gender?** \_\_\_\_\_

**6. What is your ethnicity?** \_\_\_\_\_

**7. What is your race?** \_\_\_\_\_

**8. What is your current marital status? (Please circle one)**

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

**9. What is the date you were married, separated, divorced, or widowed?** \_\_\_\_\_

**10. Which of the following did you earn from high school? (Please check one.)**

\_\_\_\_\_ High School Diploma

\_\_\_\_\_ GED / State Certificate

\_\_\_\_\_ Home Schooled

**11. Will you have your first bachelor's degree before July 1, 2026?** \_\_\_\_\_

**12. What will your grade level be at the beginning of the 2026-2027 academic year? (Please check one.)**

\_\_\_\_\_ 1st-time Freshman, no prior college

\_\_\_\_\_ Freshman, prior college, less than 29 hours earned  
\_\_\_\_\_ Sophomore, prior college, 29 or more hours earned

**13. Did you receive any of the following during the 2023 or 2024 calendar years? (Please check all that apply.)**

\_\_\_\_\_ 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)

**14. Do any of the following apply to you? (Please check all that apply.)**

\_\_\_\_\_ Active Duty in U.S. Armed Forces for purposes other than training  
\_\_\_\_\_ Veteran of U.S. Armed Forces  
\_\_\_\_\_ Have children or other dependents, other than a spouse  
\_\_\_\_\_ An orphan, ward/dependent of the court, or in foster care after reaching the age of 13  
\_\_\_\_\_ An emancipated minor  
\_\_\_\_\_ Has a legal guardian other than biological or adoptive parent  
\_\_\_\_\_ Is an unaccompanied youth, homeless, or at risk of being homeless any time on or after July 1, 2025

**15. Do you have an unusual circumstance that prevents you from providing your parent's information?**

If yes, please provide an explanation \_\_\_\_\_

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**Student's Family Information:**

**1. Please complete the chart below with all members of your family, including yourself.**

- Include parent(s) if dependent and spouse (if applicable) if independent.
- Include siblings if dependent and children if independent.
- Include any other dependents in the household.

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	<input checked="" type="radio"/> Yes <input type="radio"/> No

			Yes	No

2. Did either of your parents attend college? \_\_\_\_\_

3. What is the highest grade completed by your parents? (Please check one for each parent.)

Parent 1:

\_\_\_\_\_ Middle School / Junior High

\_\_\_\_\_ High School

\_\_\_\_\_ College or beyond

Parent 2:

\_\_\_\_\_ Middle School / Junior High

\_\_\_\_\_ High School

\_\_\_\_\_ College or beyond

4. Are either of your parents deceased? \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature (if dependent): \_\_\_\_\_ 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.