Financial Aid Office 115-090 Campus Box 4 13300 W. 6th Ave. Lakewood, CO 80228-1255 Phone: 303-914-6256

Fax: 303-914-6805 Email: finaid@rrcc.edu www.rrcc.edu/finaid



## 2013 -2014 INDEPENDENT STUDENT VERIFICATION WORKSHEET #3

Verification is the process by which your school's Financial Aid Office will compare the information on this worksheet with the information you reported on your FAFSA application.

Make certain your (student) name and # are on all pages. For items that do not apply, please mark N/A or enter a zero.

Student Name:	Phone Number:				
Student ID: <b>S#</b> CCCS EMAIL:					
Section 1: Student/Spouse I List below the people in your household.			a separate	page. Include the fo	ollowing:
<ul> <li>Yourself (STUDENT) and your spouse if you</li> <li>Your dependent children (generally those be through June 30, 2014. Include those dependent of the people if they now live with you and through June 30, 2014.</li> </ul>	orn after January 1, 1 endent children for w	hom you are requ	ired to provio	de parental data when t	hey apply for financial aid.
FULL NAME	AGE*	RELATIONSHIP TO STUDENT		COLLEGE ATTENDING between July 1, 2013, and June 30, 2014. Must be enrolled for 6 or more credits, and pursuing a degree or certificate.	
STUDENT		SELF		Red Rocks Community College	
Section 2: Child Support Pai	<u>d</u>				
Complete this section if you or y	our spouse (if	married) <b>paid</b>	l child su	pport in 2012.	
Name of Person  Who Paid  Child Support	Name of Child		Name of Person <u>to Whom</u> Child Support was Paid		Amount of Child Support
erina support	Traine or emia		Cilia	Support was raid	1 414 111 2012
By signing this document, I cert	ify that all the	information	reported	is complete and	correct.
				WARNING:  If you purposefully enter false or misleading information on this	
Student Signature	Date			worksheet, you may be fined,	