

Southwestern Illinois College
Office of Financial Aid, Veteran Services and Student Employment

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2022-2023 Institutional Verification Form--Independent Student

Your 2022–2023 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before offering Federal Student Aid, SWIC is required to compare your FAFSA with the information on this form and with any other required documents. If there are differences or inaccuracies, we may need to request additional documentation and your FAFSA information may need to be corrected. **You must complete and sign this form, attach any required documents, and submit the form and other required documents to the Financial Aid Office at SWIC.**

A. INDEPENDENT STUDENT’S INFORMATION

Student’s Last Name	Student’s First Name	Student’s M.I.	Student’s SWIC ID Number
Student’s Street Address (include apartment/unit number)			Student’s Date of Birth
City	State	Zip Code	Student’s Phone Number

B. HOUSEHOLD INFORMATION—For further guidance, see the 2022-2023 FAFSA instructions, or contact our office.

List yourself.

Student’s Full Name	Relationship to student	College Name	College State
	SELF	Southwestern Illinois College	IL

List spouse IF married and NOT separated. Only include college information for spouse if attending between 7-1-2022 and 6-30-2023.

Spouse’s Full Name	Age	Relationship to student	** Will enroll in college at least half- time?	**College Name	** College State
		SPOUSE			

* List below your children and your spouse’s children if you (and/or your spouse, if spouse was reported above) will provide more than half of their support through June 30, 2023. List other people **IF** living with you **AND** you (and/or your spouse, if listed above) will provide more than half of their support through June 30, 2023. (**Complete the **last three college-related columns** for household members in this section **only if attending college between 7-1-2022 and 6-30-2023**).

* Names of Other Household Members	Age	Relationship to student	** Will enroll in college at least half- time?	**College Name	** College State

C. ACTIVE DUTY MILITARY STATUS IN 2020 (If yes for more than one person, indicate that and provide information for each.)

- Were you or your spouse (listed above) active duty military in 2020 Yes, Student Yes, Spouse No
- If yes, how many months in 2020 _____ out of 12 months. What rank? Enlisted Officer

