Schoolcraft College®

FINANCIAL AID
Phone: 734-462-4433 | Fax: 734-462-4527
schoolcraft.edu/aid | finaid@schoolcraft.edu

2026-27 FAFSA Contributor Verification

Student Name _____ **Student ID #** _____

Why are you completing this form?

Answering these questions will help determine which parent needs to provide contributor information on your FAFSA, or if information from both parents is required. If you are under the legal guardianship of someone other than your parents or have no contact with your parents due to extenuating circumstances, you may need to file separate paperwork with the Financial Aid Office to complete your FAFSA.

You are generally considered a dependent student if you are below the age of 24 and you must include parent information on your FAFSA Application. There are a few exceptions to this rule; if you have children, are married, have served in the military, or have Unusual Circumstances (see other form), you may be considered dependent prior to 24 years of age.

1. Parent #1:
   Name: _____ DOB: _____
   Married: Y N If yes, spouse name: _____DOB: _____
   When did you last live with this parent? Dates:_____
   Do you currently live with this parent? Y N
   Did this parent provide more than 50% of your financial support in the past 12 months? Y N
   Parent average monthly income: $_____ Other Assets: $_____

2. Parent #2:
   Name: _____ DOB: _____
   Married: Y N If yes, spouse name: _____DOB: _____
   When did you last live with this parent? Dates:_____
   Do you currently live with this parent? Y N
   Did this parent provide more than 50% of your financial support in the past 12 months? Y N
   Parent average monthly income: $_____ Other Assets: $_____

Please indicate which parent is listed on your most recent FAFSA Application and why:

_____
_____
_____
_____
_____

I certify that, to the best of my knowledge, all the information in this form is accurate. I also understand that Schoolcraft College may use follow-up procedures to verify data that I have submitted and/or have submitted on my behalf. All information will remain strictly confidential.

Student Signature _____ **Date** _____

SIGNATURES MUST BE HANDWRITTEN