

A. STUDENT INFORMATION

SFCC Student ID#: _____ Date of Birth: _____

First/Last Name: _____ MI: _____

Your FAFSA application is selected for review in a process called “Verification.” To verify that your FAFSA information is correct, SFCC will compare information from your FAFSA with the information you provide on this worksheet and with any other required documents. If there are differences, SFCC will make the corrections on your FAFSA. During our review, we may determine that additional documentation may be needed. Please complete this form and provide all applicable documentation as soon as possible. SFCC cannot determine nor award the amount of your federal financial aid without the requested information/documentation and our review is complete.

What you should do:

1. Complete and sign this verification worksheet. Turn it into SFCC Financial aid Office.
2. Submit all documents required based on your answers in section C.
3. Continue to Check for **RED FLAGS** on your mySFCC student account. (To Check for red flags, log onto mySFCC, click on Financial Aid Tab, review the Financial Aid Requirements section)
4. Check your SFCC student email for any new documents request or questions about the documents you submitted.
5. If you have questions about the verification process, please contact the Financial Aid Office at (660) 530-5834 or email us at finaid@sfcemo.edu

B. FAMILY INFORMATION TO BE VERIFIED

In the grid below, list the people currently in your **parent’s/contributor’s household**

Include:

1. Yourself (**even if you don’t live with your parent(s)/contributor**)
2. Your parent(s)/contributor (**include your stepparent**)
3. Your parents'/contributors’ other children (**even if they don’t live with your parent(s)/contributor** and if;
 - a. your parent(s)/contributor provide more than half of their support between July 1, 2026 to June 30, 2027, **or**
 - b. the child would be required to provide parental/contributor information when filling out the FAFSA .
4. Other people if they now live with your parent/contributor **and** your parent/contributor provided more than half of their support and will continue to provide more than half of their support July 1, 2026 to June 30, 2027.

Write the names of all current household members in the grid below. If you need more space, attach a separate page.

Full Name	Birthdate	Relationship	College Currently Attending (at least half-time)
<i>Example: Martha Jones</i>	<i>mm/dd/yy</i>	<i>Sister</i>	<i>State Fair Community College</i>
		Self	SFCC

Student Name: _____

ID# _____

C. 2024 INCOME TAX INFORMATION TO BE VERIFIED

Student Income Information: Tax filing Status (check one)

- Single
 Head of Household
 Married Filing Joint
 Married Filing Separate

Check only one of the boxes below, then...	Submit the following required document(s)
<input type="checkbox"/> I filed or will file a 2024-1040 US Individual Income Tax Return.	> 2024 IRS Tax Return transcript or > 2024-1040 US Individual Income Tax Return (signed and dated) and Schedules 1, 2, 3, A, B, C, D, E, F or H. (If filed) • Did you file a: <input type="checkbox"/> Schedule 1 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule 2 <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule 3 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule E
<input type="checkbox"/> I corrected my 2024-1040X IRS Amended Tax Return.	> 2024-1040X IRS Amended Tax Return (signed and dated) and > 2024 IRS Tax Return Transcript with the original tax information or > 2024-1040 Original US Individual Income Tax Return (signed and dated) > Schedules 1, 2, 3, A, B, C, D, E, F, or H
<input type="checkbox"/> I worked but I am not required to file a 2024 -1040 US Individual Income Tax Return.	> 2024 W-2 or > 2024 1099-MISC. <i>If you misplaced your W-2, you can request a duplicate from your employer or by going to www.irs.gov.</i>
<input type="checkbox"/> I did not work and will not file a 2024-1040 US Individual Income Tax Return. Signature required: _____	

Parent(s)/Contributor's Income Information: Tax filing Status (check one)

- Single
 Head of Household
 Married Filing Joint
 Married Filing Separate

Check only one of the boxes below, then...	Submit the following required document(s)
<input type="checkbox"/> I (we) filed or will file a 2024-1040 US Individual Income Tax Return.	> 2024 IRS Tax Return transcript or > 2024-1040 US Individual Income Tax Return (signed and dated) and Schedules 1, 2, 3, C, D, E, F, or H. (If filed) • Did you file a: <input type="checkbox"/> Schedule 1 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule 2 <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule 3 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule E
<input type="checkbox"/> I (we) corrected my 2024-1040X IRS Amended Tax Return.	> 2024-1040X IRS Amended Tax Return (signed and dated) and > 2024 IRS Tax Return Transcript with the original tax information or > 2024-1040 Original US Individual Income Tax Return (signed and dated) > Schedules 1, 2, 3, A, B, C, D, E, F, or H
<input type="checkbox"/> I (we) worked but I am not required to file a 2024-1040 US Individual Income Tax Return. <i>*If your total income was below \$10,000, please complete section on the top of page 3.</i>	> 2024 W-2 or > 2024 1099-MISC <i>If you misplaced your W-2, you can request a duplicate from your employer or by going to www.irs.gov. and</i> > SFCC Verification of Non-Filer form (NTXI27/NTXP27)
<input type="checkbox"/> I (we) did not work and will not file a 2024-1040 US Individual Income Tax Return. Signature required: X: _____ (parent 1/contributor) X: _____ (parent 2/contributor)	> SFCC Verification of Non-Filer form (NTXI27/NTXP27)

Student Name: _____

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If you did not file a 2024 tax return or you filed with less than \$10,000 in wages, please explain how you paid for your living expenses from 2024 to present. Include: monies received from all types of federal and state government assistance; support from other family or relatives; support from private or community resources. Provide an estimate of the cost for the year for food, rent and utilities. **Note: Additional documentation may be required.**

D. ASSET INFORMATION

Note: All blanks will be considered “0” zero.

Student	Contributor Parent(s)/Step-parent	Current Amount
\$	\$	Current total of cash, savings account(s) and checking account(s) combined
\$	\$	Current net worth* of your investments including trust funds, mutual funds, money market account, CDs, stocks and bonds, real estate (excluding the home you live in.) <i>*Net Worth= current value of investments-debt</i>
\$	\$	Current net worth of your business and/or investment farms or for profit agricultural operations. Include the market value of land, buildings, machinery, equipment, inventory, etc.

E. SIGN THIS WORKSHEET

By signing this worksheet, I (we) certify that all information reported is complete and accurate. I (we) understand that if I (we) knowingly give false or misleading information I (we) may be fined, sentenced to jail or both. I (we) understand that incomplete and/or unsigned forms will be marked as incomplete (red flag) and delay the review process.

Student Signature: _____ Date: _____

Parent/Contributor Signature: _____ Date: _____

State Fair Community College does not discriminate on the basis of race, color, national origin, sex, disability, religion, sexual orientation, veteran status, or age in its program’s activities or employment. The Director of Human Resources and Dean of Student Services are the designated persons to handle inquiries regarding the nondiscrimination policy. Both persons are located at the SFCC Sedalia Campus, Hopkins Building, 3201 W. 16th St., Sedalia, MO 65301 (660) 596-7478 or (660) 596-7393. Inquiries also may be directed to the U.S. Department of Education, Office of Civil Rights at OCR.KansasCity@ed.gov. Interested persons may obtain information of the existence and location of services that are accessible to and usable by persons with disabilities by contacting the Disability Resource Center Coordinator, Yeater Building, Room 159, (660) 596-7293.

Documents for verification will be accepted until 5:00 pm on the following deadline dates for each semester.
 Fall 2026 – February 3, 2027 // Spring 2027 – June 22, 2027 // Summer 2027 – August 28, 2027

Return this worksheet and all other required documents to:

State Fair Community College, Financial Aid Office
 3201 West 16th Street
 Sedalia Mo 65301

Fax: (660) 530-5820
 Email: finaid@sfccmo.edu