



OFFICE OF FINANCIAL AID

7932 OPOSSUMTOWN PIKE • FREDERICK, MD • 21702 • (301) 846-2620 • FAX (301) 624-2886

Student's Last Name	Stı	udent's First N	ame	S	Student's FCC ID#
The Financial Aid Office at Frederick Communication Student Aid (FAFSA). We must consted on your verification worksheet. Their dend/or relationship. Please fully complete this inancial Aid Office. By signing, you understed below.	firm that yo ependency o s form with	our parent(s) are n your parent(s) accurate inform	e financiall) requires f mation, sig	y supporting urther verific n and date,	certain household member (cation due to their reported agand return the form to FCC)
NAME(S) OF HOUSEHOLD MEMBERS THAT MUST BE CONFIRMED AS DEPENDENTS PER FINANCIAL AID ASSOCIATE/COUNSELOR		DATE OF BIRTH	RELATIONSHIP TO PARENT		WILL PERSON LIVE WITH PARENT 7/1/18 THRU 6/30/19?
1.					
2.					
3. Who claimed these dependents on their 2017 I Who will claim these dependents on their 2015	8 Federal In	come Tax Retur	rn?		
Who claimed these dependents on their 2017 In who will claim these dependents on their 2018 TOTAL ANNUAL INCOME FOR PERSON Wages and earnings from jobs worked	8 Federal In	come Tax Retur		\$	
Who claimed these dependents on their 2017 In who will claim these dependents on their 2018 TOTAL ANNUAL INCOME FOR PERSON Wages and earnings from jobs worked All other income	8 Federal Ind	201'	7 (actual)		2018 (anticipated)
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Frederick Community College prohibits discrimination against any person on the basis of age, ancestry, citizenship status, color, creed, ethnicity, gender identity and expression, genetic information, marital status, mental or physical disability, national origin, race, religious affiliation, sex, sexual orientation, or veteran status in its activities, admissions, educational programs, and employment.