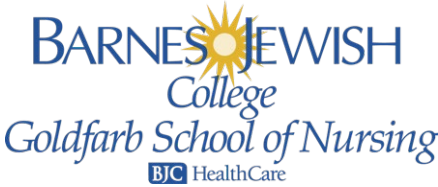


Please submit this worksheet to:
GSON Financial Aid Office
4483 Duncan Ave
St. Louis MO 63110
Fax: 314-362-2132



2023-2024
Number in College Inquiry for Independent or Dependent Student

Name: _____ Student ID#: A _____ Date: _____

We have found that there is conflicting information between the number of people listed in college on the FAFSA and the verification worksheet.

Number in College

Instructions: Please complete the chart below. Per the FAFSA parents **cannot** be included in number in college. If this person will attend college at least half time for the 2023-2024 academic year, print his/her name, the name of the college, and their relationship to you.

| Name | Name of College | Relationship to You |
|-------------|------------------------|----------------------------|
| _____ | _____ | SELF _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Comments:

Certification Statement for Independent/Dependent Students

By signing this worksheet, I (we) certify that all of the information to qualify for federal financial aid is complete and correct. I understand that giving false or misleading information on this worksheet can result in a fine, jail sentence, or both.

Student Signature and Date

Parent's Signature and Date (If Dependent)