

Return this form in-person, or via one of the following ...

- Email: FinancialAid@VermontState.edu
- Fax: 802-468-6097
- Mail: Attn: Financial Aid, 62 Alumni Drive Castleton, VT 05735

Student Name:			Student ID#:	
	2024 202	OF Devent New fil	F	
ormation fro plication and pmission Su	rtment of Education and/or Vermont State University se om your FAFSA application with the information on this d submitted documents we will be required to make co	Family Size form and any oth rrections to your FAFSA. If cor sult in an adjustment to your f	EFFORM ion". The Financial Aid office is required to compare the er documents requested. If there are differences between rections are made, you will then receive an updated FAFSA financial aid eligibility. Federal Student Aid will not be disb	
The	•	d by a 2024-2025 FAF ith the IRS for the 202	SA parent contributor who has indicated 22 tax year	
Staten	nent of Parent (please only select one of th	e following)		
☐ You, the student's parent, filed 2022 taxes				
	You, the student's parent, were not employed and had no income earned from work in 2022			
	employers, the amount earned from eact copies of all 2022 W-2 forms issued to earn employer and amount, even if the em	ach employer in 2022 the student's parent <i>l</i>	by their employer(s).	
	Employer(s) Name	Amount Earned	Including W2 copy with this form?	
	(Example) Central Perk Coffee Shop	\$2,500	Yes	
Certifications and Signatures The person signing below certifies that all the information reported is complete and correct.			Warning: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail or both.	
the infor			misleading information on this form, you may be fined, be sentenced to jail or both.	
Parent's Signature:			Date:	