Student Financial Services 106 Suffolk Circle Cobleskill, NY 12043 Phone 518-255-5623 Fax 518-255-5844 Financialaid@cobleskill.edu

2024-2025 Verification Worksheet

Last Name	ne First Name		Street & Number	City/State/Zip			Student	Student ID Number	
Student:				Parent(s):					
Die	d you work in 2022?	O Yes	O No	Did yo	ou wor	k in 2022?	O Yes	O No	
Dio	Did you file Taxes for 2022?		O No	Did you file Taxes for 2022?			? O Yes	O No	
remarried. A	Also write in the name of the coll	ege for a	space(s) below, even if you don't ny household member, excluding egree granting program. Please at	your parent(s),	who wil	l be attending c	ollege at least half	time between Ju	
Full name List everyone in your house hold, parent, siblings, self, spouse, dependents etc.		Age	Relationship to Student	least hal	Are they or will be enrolled at least half-time in a degree granting program?			Name of the college attending (if applicable)	
			Self		Yes		SUNY Co		
					N/A			N/A	
			Parent 2 (Mother/Father/Step Parent)		N/A		N/A		
				O Yes	or	No O			
				O Yes	or	No O			
				O Yes	or	No O			
				O Yes	or	No O			
By signing th	nis worksheet, I certify all the inform	nation rep	orted is complete and correct:						
Student Signature					j	Date	_		
Parent Sign	Parent Signature (IF student is dependent) / Spouse Signature (IF student is marri				 Date				
If sending V	/ia email- PDF attachments are	preferab	le. Smart phones have free scan	ning apps that	can assi	st with emailing	a PDF rather than	a photo.	