

**WINTHROP UNIVERSITY
OFFICE OF FINANCIAL AID**

**Verification Form
2024-2025**

DEADLINES – Please visit www.winthrop.edu/financialaid/verification for processing deadlines

Student's Name _____ Winthrop ID Number _____

Family Size - List below the people in your family for whom you will provide more than half their support between July 1, 2024 and June 30, 2025. Make sure to include...

- Yourself (student)
- Your children, if you will provide **more than half their support** from July 1, 2024 through June 30, 2025. Do not include unborn children.
- Other people, if you will provide **more than half their support** from July 1, 2024 through June 30, 2025.

Full Name	Age	Relationship
		Self

If more than 8 family members, attach a separate sheet of paper with the additional information

If the number of people listed above has changed since you filed your FAFSA, please explain:

By signing this worksheet, we certify that all of the information reported to qualify for Federal student aid is complete and correct.

Student's Signature

Date

Spouse's Signature (optional)

Date

Sykes House, 638 Oakland Ave, Rock Hill, SC 29733
(803) 323-2189 (phone) – (803) 323-2557 (fax) – financialaid@winthrop.edu

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Securely upload forms through Wingspan (Financial Aid, Document Upload)