

Federal Student Aid Programs


2024-2025 VERIFICATION WORKSHEET [V5]

Your application was selected for review by the U.S. Department of Education in a process called “verification.” This process requires Mount Carmel College of Nursing by federal law [34 CFR, Part 668] to compare the information from your application with the information provided on this form. Also, please submit copies of your 2022 federal tax return transcripts [and your spouse’s if you are married, or your parents’ if you are considered dependent for federal aid purposes]. If there are differences between your application and the documents you’ve submitted, a staff member in the Office of Student Financial Aid will make corrections. **We cannot process your financial aid application until verification has been completed. Please provide the required documents as soon as possible.**

WHAT YOU SHOULD DO

- 1 Collect your [and your spouse’s or parents’] financial documents. **Students and/or parents must contact the IRS to obtain official tax return transcripts by phone at 800-908-9946 or online at <http://www.irs.gov/Individuals/Get-Transcript>. If you (and your spouse and/or parent(s)) selected the IRS Data Retrieval process on the FAFSA then your tax return transcripts are not required. However we still need a copy of your and your spouse’s/parent(s) W-2(s) along with this worksheet. If you and/or your parents are eligible to use the IRS Data Retrieval Process, but did not, you are encouraged to return to your online FAFSA and use the IRS tool to update your or your parent(s) tax information. Taxes must be filled out at least two weeks prior to using the IRS Data Retrieval Process.**
- 2 Complete all sections and sign the worksheet.
- 3 Return the completed worksheet, tax forms and any other documents to the Office of Student Financial Aid, Mount Carmel College of Nursing:
 Mail: 127 South Davis Ave, Columbus, OH 43222-1504
 Fax: 614-234-1123
 Email: financialaid@mccn.edu
- 4 MCCN will review the information on these documents and make corrections if necessary. If you have questions about completing this worksheet, please contact us at 614-234-1842.

A STUDENT INFORMATION [PLEASE PRINT]

_____		_____	
Last Name	First Name	M.I.	MCCN ID/Last 4 of SSN
_____		_____	_____
Address [include apt. #]		City	State Zip Code
_____		_____	_____
Date of Birth	Student Email Address	Daytime Phone [include area code]	
_____	_____	_____	
_____		_____	
Parent Email Address			

2024-2025 VERIFICATION WORKSHEET [V5] CONT.

B FAMILY INFORMATION

- Independent Students:** List the people in your household, including: [a] yourself, and your spouse if you have one; and [b] your children, if you will provide more than half of their support from July 1, 2024, through June 30, 2025; and [c] other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2024, through June 30, 2025.
- Dependent Students:** List the people in your parents' household, including: [a] yourself and your parent(s) [including stepparent] even if you don't live with your parents; and [b] your parents' other children, even if they don't live with your parent(s), if [1] your parents provide more than half of their support from July 1, 2024, through June 30, 2025, or [2] the children would be required to provide parental information when applying for federal student aid; and [c] other people if they now live with your parents, and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2024, through June 30, 2025.

Write the names of all household members. Also write in the name of the college for any family member, excluding your parent(s), who will be attending college at least half-time between July 1, 2024, and June 30, 2025, and will be enrolled in a degree, diploma or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College
		Self	Mount Carmel College of Nursing

C TAX FORMS AND INCOME INFORMATION

- All tax filers must submit a copy of their 2022 federal tax return transcript and a copy of all W-2s.**
Please check here if you and/or your parent(s) successfully used the IRS Data Retrieval Process.
 You Your spouse Parent #1 [father/mother/step] Parent #2 [father/mother/step]
- Check the box for those people who did not and are not required to file a 2022 federal income tax return. List below your employer(s) and any income received in 2022 [use W-2 forms or other earning statements]. **A W-2 must be submitted for each source of income.**
 You Your spouse Parent #1 [father/mother/step] Parent #2 [father/mother/step]

Name of Employer	Student Amount	Spouse or Parent(s) Amount

2024-2025 VERIFICATION WORKSHEET [V5] CONT.

C TAX FORMS AND INCOME INFORMATION [CONT.]

Both tax filers and non-tax filers must list any untaxed income received in 2022. Be sure to enter zeroes if no funds were received. [In the Free Application for Federal Student Aid [FAFSA]: Students, see question 44, and/ or parents, see question 92.] Failure to complete this section will delay the processing of your financial aid.

Student [spouse]	Calendar Year 2022	Parent(s) [step-parent]
	FAFSA Questions 44 and/or 92	
\$	Payments to tax-deferred pensions and savings plans [paid directly or withheld from earnings] including, but not limited to, amounts reported on W-2 Form Box 12a - 12d, codes D, E, F, G, H, and S.	\$
\$	IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040 Schedule 1 – line 15 + line 19.	\$
\$	Tax exempt interest income from IRS Form 1040 – line 2a.	\$
\$	Untaxed portions of IRA distributions & Pensions from IRS Form 1040 – lines [4a minus 4b]. Exclude rollovers. If negative, enter a zero here.	\$
\$	Untaxed portions of pensions from IRS Form 1040 – lines [5a minus 5b]. Exclude rollovers. If negative, enter a zero here.	\$
\$	Housing, food and other living allowances paid to members of the military, clergy and others [including cash payments and cash value of benefits].	\$

D HIGH SCHOOL COMPLETION

Provide **one** of the following documents that indicate the student's high school completion status (check which is attached):

- A copy of the student's diploma.
- A copy of the student's final official high school transcript that shows the date when the diploma was awarded.
- A copy of the student's GED certificate or transcript.
- If state law requires a home-schooled student to obtain a secondary school completion for homeschool (other than a high school diploma or recognized equivalent), a copy of that credential.
- If state law does not require a home-schooled student to obtain a secondary school completion credential for homeschool, a transcript or the equivalent, signed by the student's parent or guardian that lists the secondary school courses the student completed & documents the successful completion of a secondary school education in a homeschool setting.

E IDENTITY & STATEMENT OF EDUCATIONAL PURPOSE

Students may choose either option a or b (see page 5) based on whether or not they are able to come into the Office of Student Financial Aid in person. a. To Be

Signed at MCCN

- i. The student must appear in person at Mount Carmel College of Nursing (Office of Student Financial Aid) to verify his or her identity by presenting a valid government-issued photo identification (ID) such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the following:

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of
Student's Name [print]

Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending MCCN for 2024-2025.

Student Signature Date



E IDENTITY & STATEMENT OF EDUCATIONAL PURPOSE [CONT.]

b. To Be Signed in Front of a Notary

- i. If the student is unable to appear in person at Mount Carmel College of Nursing (Office of Student Financial Aid) to verify his or her identity, the student must provide (a) a copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport, and (b) the original notarized Statement of Education Purpose provided below.

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of
Student's Name [print]

Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending MCCN for 2024-2025.

Student Signature

Date

Notary's Certificate of Acknowledgement

State of _____ City/County of _____

On _____, before me, _____
Date Notary's Name

personally appeared, _____, and provided to me on the basis of
Name of Signer [printed]

satisfactory evidence of identification _____ to the above-named
Type of Government Issued Photo ID Provided

person who signed the foregoing instrument.

WITNESS my hand and official seal

(seal)

Notary Signature



2024-2025 VERIFICATION WORKSHEET [V5] CONT.

F SIGN THIS WORKSHEET

By signing this worksheet, I [we] certify that all the information reported on this worksheet is complete and correct. If dependent, at least one parent must sign. **Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Signature

Date

Parent Signature [dependent students only]

Date



MOUNT CARMEL
College of Nursing

Office of Student
Financial Aid
127 South Davis Avenue
Columbus, OH 43222-1504
Phone 614-234-1842
Fax 614-234-1123
Email financialaid@mcn.edu