

IMPORTANT DETAILS ON COMPLETING THIS DOCUMENT

1. To ensure the security of your data, the Financial Aid Office will no longer accept documents via email. We strongly recommend submitting materials in person to our office. Doing so will allow our personnel to check your documents for accuracy and advise if anything additional is needed. In the event that you are unable to visit us in person, you must fax your documents to our office at 828-281-9883. **If you submit documents via fax, complete and include an official Financial Aid Cover Sheet with your submission. The Cover Sheet can be found at abtech.edu / Financial Aid / Forms & Resources. Documents that are submitted via fax without the completed Cover Sheet will not be processed by the Financial Aid Office.**
2. We strongly advise that you type your answers into the fillable fields for clarity.
3. If parent signature is required, parent must hand-sign the document. Digital signatures for parents are not allowed.
4. Do not use a mobile phone to complete this document. Doing so may result in lost data and inaccurate formatting.
5. You must save this document to your computer, or print it immediately, to prevent loss of the data you entered.
6. The fillable fields on this document may not work when opened in the Mozilla Firefox browser. We advise that you complete the form in Internet Explorer or Chrome instead.
7. You must use Adobe Reader to fill out this document across all operating systems and devices. Using the Preview app on Apple desktop, notebook, and iOS devices will result in lost data.

Your application was selected for review in a process called **Verification**. In this process, we will compare the information from your FAFSA application with the information provided on this form, and with any other required documents. By law, we have the right to ask you for this information before awarding federal aid. If there are differences between your FAFSA application and the documents you provide, we will submit corrections to the federal processor. We may require additional documentation if we have reason to believe that the information contained in this or any other form submitted to the Financial Aid Office is inaccurate.

STUDENT INFORMATION

| | | |
|-------------------|----------------|---------------|
| Last Name | First Name | Student ID |
| Mailing Address | City/State/Zip | Date of Birth |
| Primary Telephone | Email Address | |

E. CHILD SUPPORT PAID

Check this box if someone in the student's or parent's household paid child support in 2015. List below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2015 for each child.

| Name of Person Who Paid Child Support | Name of Person to Whom Child Support was Paid | Name of Child for Whom Support Was Paid | Amount of Child Support Paid in 2015 |
|---------------------------------------|---|---|--------------------------------------|
| | | | |
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| | | | |

CERTIFICATION: EVERYONE MUST SIGN

Each person signing below certifies that all information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information you may be fined and/or sentenced to jail.

Print Student's Name

Student's ID

Student's Signature

Date

Parent's Signature (**Required for dependent students only**)

Date