

EDGEWOOD COLLEGE FINANCIAL AID

(P) 608-663-4300 | (F) 608-663-3495 | ecentral@edgewood.edu | 1000 Edgewood College Dr., Madison, WI 53711

| 2024-2025 Independe | | | | Page 1 of 2 Edgewood ID#: | |
|---|----------------------------|---|---|---|--|
| | | | | | |
| mail: Phone Number (include area code): | | | | | |
| Your financial aid is considered | an estimate | e and will not be a | applied to your student a | account until verification has been completed. | |
| 1. Retrieve your 202 2. Complete section | | | signature. | | |
| A. Family Information List the people in your househ Yourself Your spouse (if applicable) Your children, if you will people if they like half of their support from her | rovide more ve with you | than half of their and you provide r | nore than half of their s | 24 through June 30, 2025 upport and will continue to provide more than | |
| Full Name | Age | Relationship | College Name (for any household member attending at least half-time between 7/1/24 and 6/30/25, and will be enrolled in a degree, diploma, or certificate program) | | |
| Example: Mark Jones | 30 | Spouse | Edgewood College | | |
| | | Self | | | |
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| If additional space is needed, please B. Sign This Worksheet By signing this worksheet, I cer purposely give false or mislead | tify that all | the information re | | et is complete and correct. Warning: If you d, sentenced to jail, or both. | |
| | | | Date | Verification Deadlines: | |
| Student's Signature | | | | For the Pell Grant only, verification materials must be submitted no later than 120 days after the last date of attendance. For all other programs, our office must receive verification materials no later than one week prior to the last date of attendance. | |
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