

Southwestern Illinois College

Office of Financial Aid, Veteran Services and Student Employment

2500 Carlyle Avenue • Belleville, IL 62221-5899

866-942-SWIC (7942), ext. 5288 • 618-235-2700, ext. 5288 • Fax 618-235-3827 • Email fin_aid@swic.edu

2024-2025 Institutional Verification Form--Dependent Student

Student's Last Name _____ Student's First Name _____ Student's M.I. _____ Student's SWIC ID Number _____

Student's Street Address (include apt. no.) _____ Student's Date of Birth _____

City _____ State _____ Zip Code _____ Student's Phone Number _____

ask for assistance if you are unable to report of which parent(s) to report.

B. PARENTS' FAMILY SIZE INFORMATION For further guidance, **see the 2024-2025 FAFSA** instructions, or contact our office.

Parent's Full Name	Age	Relationship to student

* List siblings below if the parent(s) reported above will provide more than half of their support through June 30, 2025. List other people **IF** living w

Student's Name:

SWIC ID Number: _____

STUDENTS AND PARENT(S): Read the selections below, and **mark the one option** that applies for each of you. The IRS Directlies

