Baptist Health College
Little Rock

2026-2027 Verification Worksheet-*Tracking Group V5*

Your 2026-2027 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information we will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the Financial Aid Office at Baptist Health College. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

A. Student's Information

_____ _____

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

_____ _____

Student's Street Address (Include Apt. No) Student's Date of Birth

_____ _____

City State Zip Code Student's Email Address

_____ _____

Student's Home Phone Number (Include Area Code) Student's Cell Phone Number

B. Student's Family Information

If you are **DEPENDENT** student list below the people your parents will support between July 1, 2026 through June 30, 2027. Include:

- The Student (Yourself), even if you don't live with your parents
- Your Parent(s)-(including step-parents)
- Your Parents other children (even if they don't live with your parent(s), and (A) if your parent(s) will provide more than half of their support or (B) if they would be required to give parental information when applying for Federal Student Aid.)

If you are an **INDEPENDENT** student, include:

- The student (yourself)
- Your spouse (if married)
- Your children, if you will provide more than half of their support from July 1, 2026 through June 30, 2027.
- Other people, (only if they live in your household and you provide more than half of their support and will continue to do so from July 1, 2026 through June 30, 2027.

Student Name _____ Student ID Number _____

B. Student's Family Information (Continued)

For any household member who will be enrolled at least half-time in a degree, diploma or certificate program at an eligible postsecondary educational institution any time between July 1, 2026 and June 30, 2027, include the name of the college.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
		SELF	BHCLR	

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

C. Student's Income Information to be Verified

Did you (and your spouse, if married) file a 2024 Tax Return? Yes _____ (go to #1, omit #2) No _____ (go to #2, omit #1)

1. Tax Return Filers

Important Note: If you (or your spouse, if married) filed, or will file, an amended 2024 IRS tax return or had a change in marital status after December 31, 2025, you must contact the financial aid administrator before completing this section.

Instructions: Complete this section if you (or your spouse, if married) filed or will file a 2024 IRS Income tax return. *The best way to verify Income is by using the IRS Data Retrieval Tool (IRS DRT) that is part of FAFSA on the Web at www.studentaid.gov. If the student has not already used the tool, go to www.studentaid.gov, select "Make FAFSA Corrections," and navigate to the Financial Information section of the form. From there, follow the instructions to determine if the student is eligible to use the IRS DRT.*

Check the one that applies:

_____ I, the student, have used the IRS DRT in *FAFSA on the Web* to transfer my (and, if married, my souse's) 2024 IRS tax return information into my FAFSA.

_____ I, the student, have not yet used the IRS DRT in *FAFSA on the Web,* but will use the tool to transfer my (and, if married, my spouse's) 2024 IRS Tax Return Information into my FAFSA.

_____ I, the student, am unable to use the IRS DRT in *FAFSA on the Web,* and instead will provide the school a **2024 IRS Tax Return Transcript(s).**

If the student and spouse filed separate 2024 IRS Income Tax Returns, 2024 IRS Tax Return Transcripts must be provided for each.

2. Non-Tax Filers

Complete this section if the student and spouse will not file and are not required to file a 2024 tax return with the IRS.

Check the one that applies:

_____ The student (and, if married, the student's spouse), was not employed and had no income earned from work in 2024.

_____The student (and/or the student's spouse, if married) was employed in 2024, list below the names of all employers, the amount earned from each employer in 2024, and whether an IRS W-2 form is provided. [Provide copies of all 2024 IRS W-2 forms issued to the student and spouse, if married, by their employers]. List every employer even if the employer did not issue an IRS W-2 form.

Student Name _____ Student ID Number_____

Employer's Name	2024 Amount Earned	IRS W-2 Provided? (Yes or No)

You must provide documentation from the IRS dated on or after October 1, 2024 that indicates a 2024 IRS Income Tax Return was not filed with the IRS.

_____Check here if confirmation of Non-filing is provided. _____Check here if confirmation of Non-filing will be provided later.

D. Student's High School Completion Status

Provide one of the following documents to indicate the student's high school completion status when the student begins college in 2026-2027.

Check one of the documents you will attach to this worksheet:

_____ High School Diploma or High School Transcript including graduation date.

_____ A copy of the student's final official high school transcript that shows the date when the diploma was awarded.

_____ General Education Development (GED) Certificate, an official GED transcript that indicates the student passed the exam, or a state-authorized high school equivalent certificate.

_____ For students who completed secondary education in a foreign country, a copy of the "secondary school leaving certificate" or other similar document.

_____ Academic transcript of a successfully completed two-year program acceptable for full credit toward a bachelor's degree.

_____ If you are a homeschooled student, a transcript or equivalent, signed by parent or guardian, listing secondary school courses you have completed and documentation that you have successfully completed secondary school education.

_____ If you are a homeschooled student, a secondary school completion credential provided under State Law.

A student who is unable to obtain the documentation listed above must contact the financial aid office.

Student Name_____ Student ID Number _____

E. Identity and Statement of Educational Purpose (To Be Signed at the Institution)

The student must appear in person at Baptist Health College to verify his or her identity by presenting an unexpired 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 by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the intuitional official, the Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I _____ am the individual signing (Print Student's Name)

this Statement of 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 Baptist Health College for the 2026-2027 school year.

(Student's Signature) _____

(Date)_____(Student's ID Number)
_____

WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS WORKSHEET, YOU MAY BE FINED, SENTENCED TO JAIL, OR BOTH.

Certifications and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

INDEPENDENT STUDENTS: **The student must sign and date.**

DEPENDENT STUDENTS: **The student and parent(s) must sign and date.**

_____ Print Student's Name
_____
Student's ID Number

_____ Student's Signature
_____
Date

_____ Parent's Signature
_____
Date

Do not Mail this worksheet to the U.S Department of Education.

Submit worksheet to: Baptist Health College, Financial Aid Office, 11900 Colonel Glenn Rd. Little Rock, AR 72210 or fax to: 501-202-7875.

You can also bring completed forms to the Financial Aid Office at address above.