

AAP-STP VERIFICATION FORM

Date of Birth:

Name:				Date of	of Birth:		
Last		First		Middle Initial			
Part I. Income Information	on & Verificati	on					
For determination of eligibity your parent's /guardian's 2 are required to verify your submitted by all applicants confidence and not used for	021 Form 1040 religibility in whether or not	or submit a com compliance with they are applying	the U.S. Dep g for financial	gned copy of the 2021 partment of Education assistance. This inform	Form 1040. The Regulations and	ese details 1 <u>must</u> be	
		Income Informa	ntion & Verifi	cation			
State of residence How many people		ousehold, includin	ng yourself?_				
How many people	e, including you	, were claimed or	n your income	taxes last year?		_	
Were you claimed	• •		No	(Please circle one			
My family's feder *See Form 1040 lin		-					
My family's incom	ne information	is from the 2021	/ <u>2020</u> Form 1	040. (Please circle one	response.)		
Note: If your parent's/guardi in the Income Information & 2020 Form 1040 to AAP fo	Verification box	above according to	o the 2020 Forn	n 1040 or submit a copy o	of your parent's /g	guardian's	
Part II. Student Informat	ion						
Please answer the following	g questions, sign	n below, and sub	mit this form.				
1. Have you completed an	nd submitted the	e Free Applicatio	n for Federal S	Student Aid (FAFSA) o	online? Yes	No	
2. Did either of your pare	nts (natural or a	doptive) with wh	om you now r	reside, earn a bachelor's	s degree? Yes	No	
a. If eighteen years of a	ge or older, did Yes	you reside with y	•	or adoptive) parents on Not applicable	your eighteenth	birthday?	
b.If yes, on your eighte degree?	eenth birthday, o Yes	lid either parent (No		ptive) with whom you Not applicable	resided have a b	achelor's	
3. Do you have a disabilit	y? Yes	No (if	yes, please at	tach documentation)			
By signing be	elow, I certify th	nat the information	on submitted o	n this form is complete	and correct.		
Signature of Applicant & Date				Signature of Parent/Guardian & Date			