



DEPENDENT VERIFICATION WORKSHEET - V1 2025-2026

FEDERAL STUDENT AID PROGRAMS

SEND ALL PAPERWORK TO:

Southeast Technical College
Office of Financial Aid
2320 N Career Ave
Sioux Falls, SD 57107

Fax: 605-367-8305
Phone: 605-367-7867
Email: financialaid@southeasttech.edu

A. Student Information

Last Name	First Name	M.I.	Student ID# or Social Security Number
Address (include Apt No.)			Phone Number
City	State	Zip	Email

B. Please identify the people in your parents' household, include your self and your parent(s):

Number in Household on FAFSA: _____ Please list those people in this section.

- If your parent is remarried, include your stepparent.
- If your parents support other people and will continue to provide more than half of their support between July 1, 2025, and June 30, 2026 (such as their other children), include them in the household.
- If your parents' other children would be required to provide parental information when completing the FAFSA, include them in the household.

Name (First & Last)	Age	Relationship
		Student/Self

C. Please identify the people listed in the above household who will be attending college at least half-time between July 1, 2025, and June 30, 2026, and will be in a degree or certificate program.

Number in College on FAFSA: _____ Please list those people in this section.

Name	Name of College/Postsecondary School
Student/Self	Southeast Technical College

D. Refer to the enclosed sheet for detailed instructions regarding tax information requested, then complete and sign the back of this form.

