

2023-2024 Educational Savings Plan Verification Form

Student Name:	COTC ID:	0						
Student Financial Services is asking you to complete this form to clar Plans held by you and/or your spouse and all members of your houseltime the Free Application for Financial Student Aid (FAFSA) was filed.	rify the net wo	rth of he va	i all l alue	Educ of the	ation ese p	nal Sa plans	avinç at tl	วูร าe
Coverdell Savings Accounts, 529 College Savings Plans and/or savings plans operated by an educational institution designed to help costs. Educational savings plans are usually categorized as either elements of both.	p families set a	aside	fun	ds fo	or futi	ure c	olle	ge
List the name of the owner on the account and the current value of savings plans and/or the refund value of 529 prepaid tuition plans for leave blanks. If not applicable, report "0".								
Owner of Account	Current Va	lue	of S	<u>avin</u>	igs F	<u>Plan</u>		
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I certify that the information listed above is accurate to the best of my I different than what was originally stated on the FAFSA, the information			tand	l if th	is info	orma	ition	is
Student Signature (DO NOT SIGN ELECTRONICALLY)		C	Date					•
Parent Signature (Required if dependent student. DO NOT SIGN ELE	CTRONICALL	<mark>Y</mark>) [Date					•

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sent to prison, or both.