

## **OFFICE OF FINANCIAL SERVICES**

1401 Charlestown Road Phoenixville, PA 19460 2024-2025 Interest Dividend Verification (V-IDIV)

Student Name:	Student's ID Number:
We are in the process of reviewing your application for financial assistance for the 2024-2025 academic year. In order to continue processing your financial aid, it will be necessary for you to provide clarification for the following discrepancies:  Interest/Dividend Income Verification	
If the amounts you reported on the FAFSA were inco	orrect, please list the corrected totals as of the date you filed the FAFSA.
AS OF THE DATE YOU ORIGINALLY FILED T FAFSA, AMOUNT IN CASH/CHECKING/SAVII \$	
	A/Tax Return were correct, please explain the discrepancy below:
knowledge. If requested, I agree to provide documentation	form and any attachments are complete and accurate to the best of my to support the information I have provided on this form. I understand see for denial, reduction, withdrawal, and/or repayment of financial aid, er provisions of the United States Criminal Code.
Student Signature	Date
Parent Signature (If Dependent)	 Date