



Financial Aid Office
Dempsey Hall 104
800 Algoma Blvd
Oshkosh, WI 54901
Phone: (920) 424-3377
Fax: (920) 424-0284
Email: fao@uwosh.edu
uwosh.edu/financialaid/

2023-2024 DISLOCATED WORKER VERIFICATION FORM

On your FAFSA you indicated that someone in your household was a displaced worker. Please provide documentation of this status by providing one of the following: a lay-off notice, severance package, unemployment benefits due to being laid off, or signed explanation of the situation.

Student Name	Student ID#
--------------	-------------

Please print the full name of the dislocated worker below and indicate whether the person is the student or the parent.

Name	<input type="checkbox"/> Student <input type="checkbox"/> Parent
------	---

Please check all that apply to you:

- The dislocated worker is receiving employment benefits due to being laid off or losing a job and is unlikely to return to a previous occupation. (Please attach proof of unemployment benefits.)
- The dislocated worker has been laid off and receives a lay-off notice from a job. (Please attach a copy of the lay-off notice/severance package)
- The dislocated worker was self-employed but is now unemployed due to economic conditions or a natural disaster. (Please attach a signed statement to this form explaining your circumstances.)
- The dislocated worker is a displaced homemaker. (Please attach a signed statement to this form explaining your circumstances.)
- I am not a dislocated worker.

Certification Statement:

All of the information provided by me or any other person on this form is accurate and complete to the best of my knowledge. If requested, we agree to give proof of the information we have provided on this form. Proof may include court documents. Failure to provide the requested information will delay the processing of financial aid.

Signature of Dislocated Worker	Date
--------------------------------	------